

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

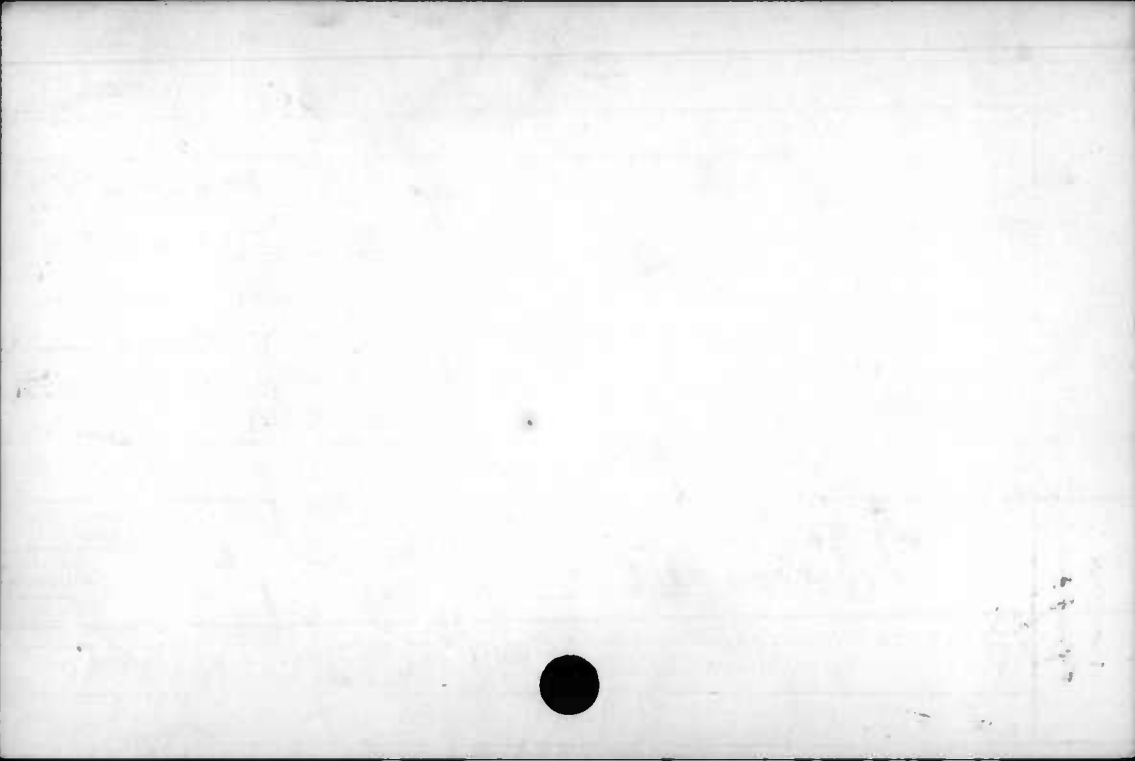
## CERTIFICATE OF DEATH

Died at <i>Leesgrovetown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	3	Month <i>Feb.</i>	Day <i>27</i>	Age <i>75</i>	Months <i>—</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>N.W.</i>				
Name of Wife or Husband <i>D.C. Anglinbaugh.</i>					
Father's Name <i>Geo. Updegraff.</i>				Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Elya Boyd.</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>D.C. Anglinbaugh</i>				How related to deceased <i>husband.</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>~</i>
Immediate <i>Heart Failure</i>	How long <i>104</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. S. Mason</i>
	Address <i>Leesgrovetown</i>
Accident or Suicide? <i>No</i>	<i>Md</i>



Name  
in  
Full

Javida Bell

CERTIFICATE OF DEATH

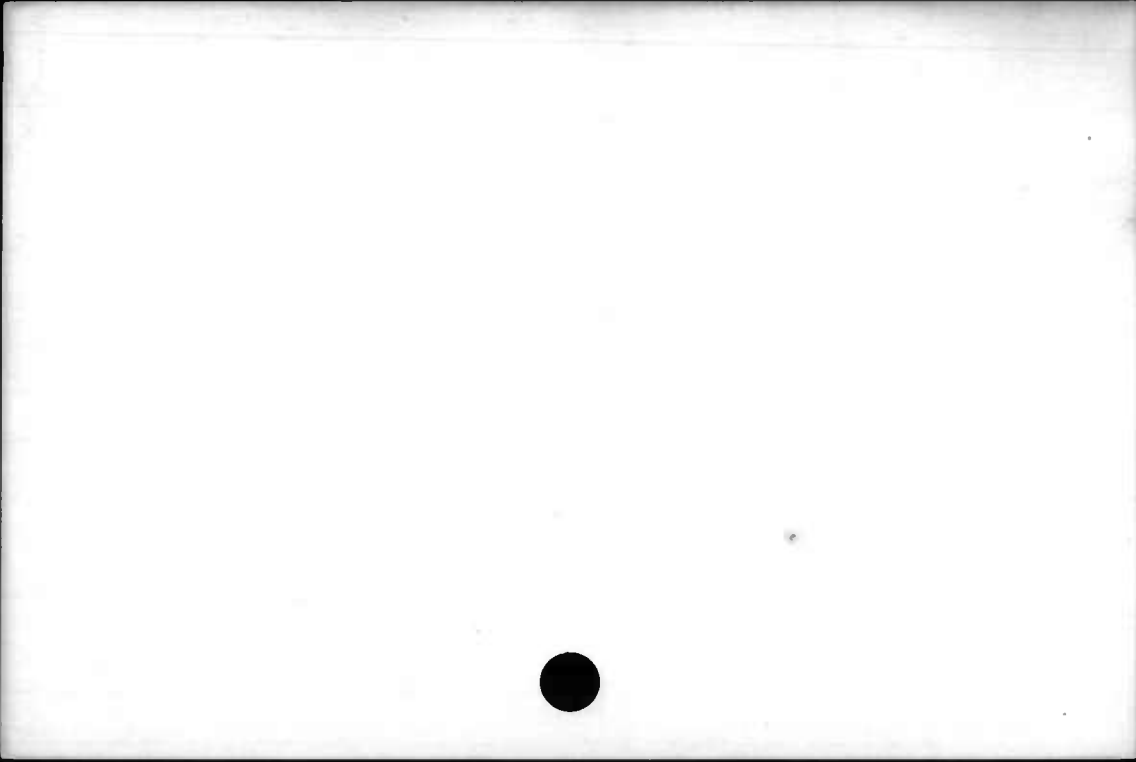
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Keadysville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>2</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	Age <i>82</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rohersville</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Shoe Merchant</i>		
Name of Wife or Husband <i>Hannietta Naff</i>					
Father's Name <i>Dont Know</i>			Father's Birthplace <i>Dont Know</i>		
Mother's Maiden Name <i>Dont Know</i>			Mother's Birthplace <i>Dont Know</i>		
Name of person giving information <i>Thomas Bell</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Age</i>	How long <i>154</i>
Immediate <i>Eldocarditis</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Hixner M.D.</i>
	Address <i>Keadysville Md</i>
Accident or Suicide?	



Name  
in  
Full

Leoran Bortone

## CERTIFICATE OF DEATH

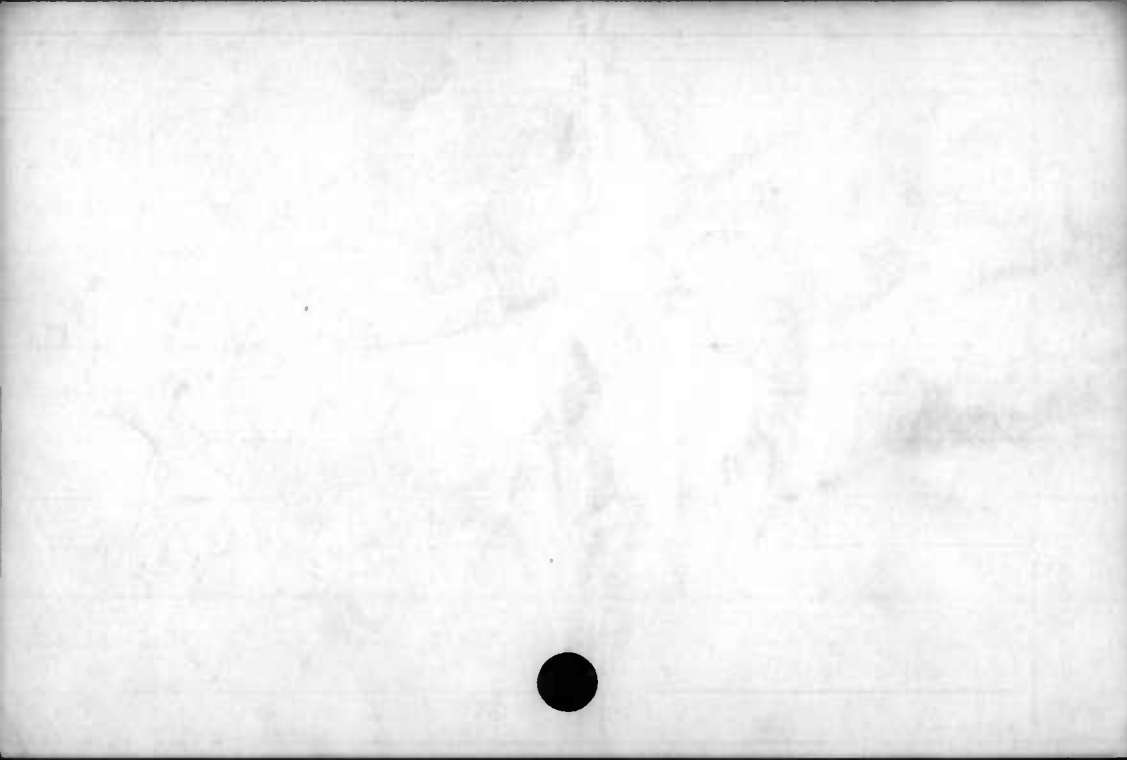
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagastown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>2</u>	Age <u>—</u>	Years <u>—</u>	Months <u>5</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Hagastown</u>		Days <u>15</u>	
Married, Single or Widowed <u>Child</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>Hugh Bortolow</u>			Father's Birthplace <u>Louisville</u>		
Mother's Maiden Name <u>Pollie Turner</u>			Mother's Birthplace <u>Mississippi</u>		
Name of person giving information <u>Pollie Bortolow</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u> <sup>93</sup>	How long	<u>5 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>✓</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Victor Smith</u>	
<u>yes</u>		Address <u>Hagastown Md</u>	
Accident or Suicide? <u>—</u>		<u>Per WPM</u>	



Name  
in  
Full

Paul McKinley Blair

CERTIFICATE OF DEATH

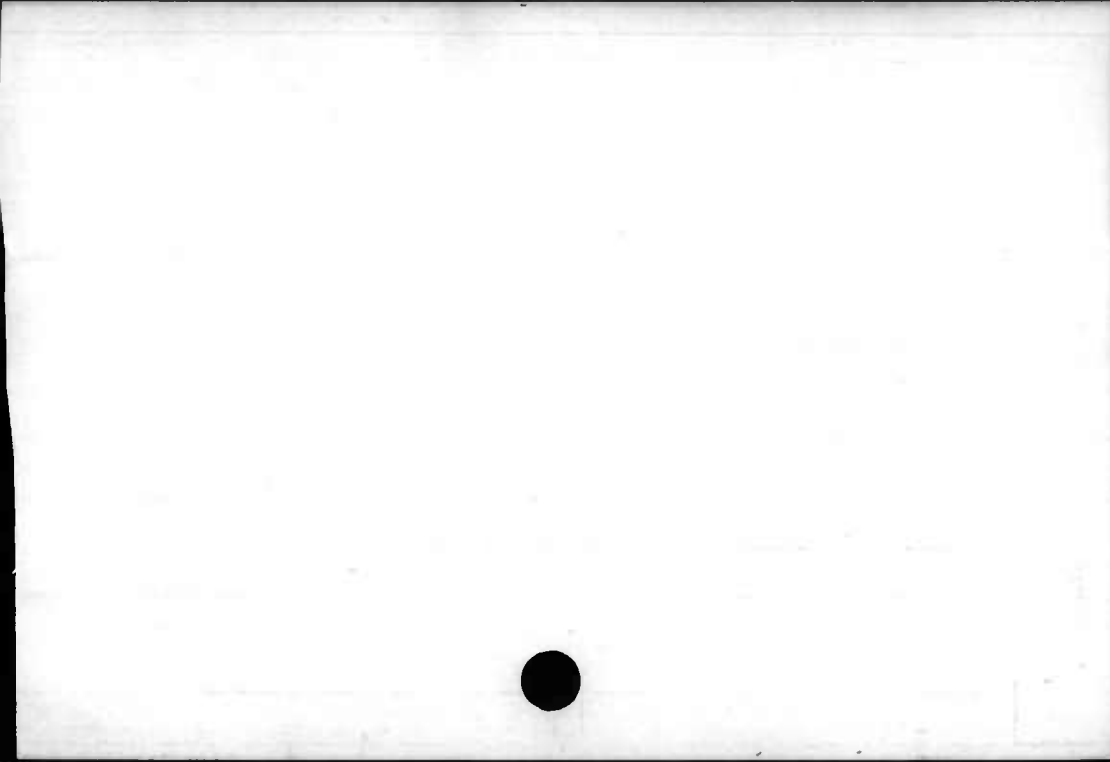
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Clearspring</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>11</u>	Age <u>2</u>	Months <u>3</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>md</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>Wm Blair</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Ella Shaffer</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Wm Blair</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Burn</u> <sup>167</sup>	How long	<u>2 days</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>		Signature of Physician <u>C. J. Mason</u>	
		Address <u>Clearspring md</u>	
Accident or Suicide? <u>Accident</u>			





Name  
in  
Full

Mrs Florence T. Barward

## CERTIFICATE OF DEATH

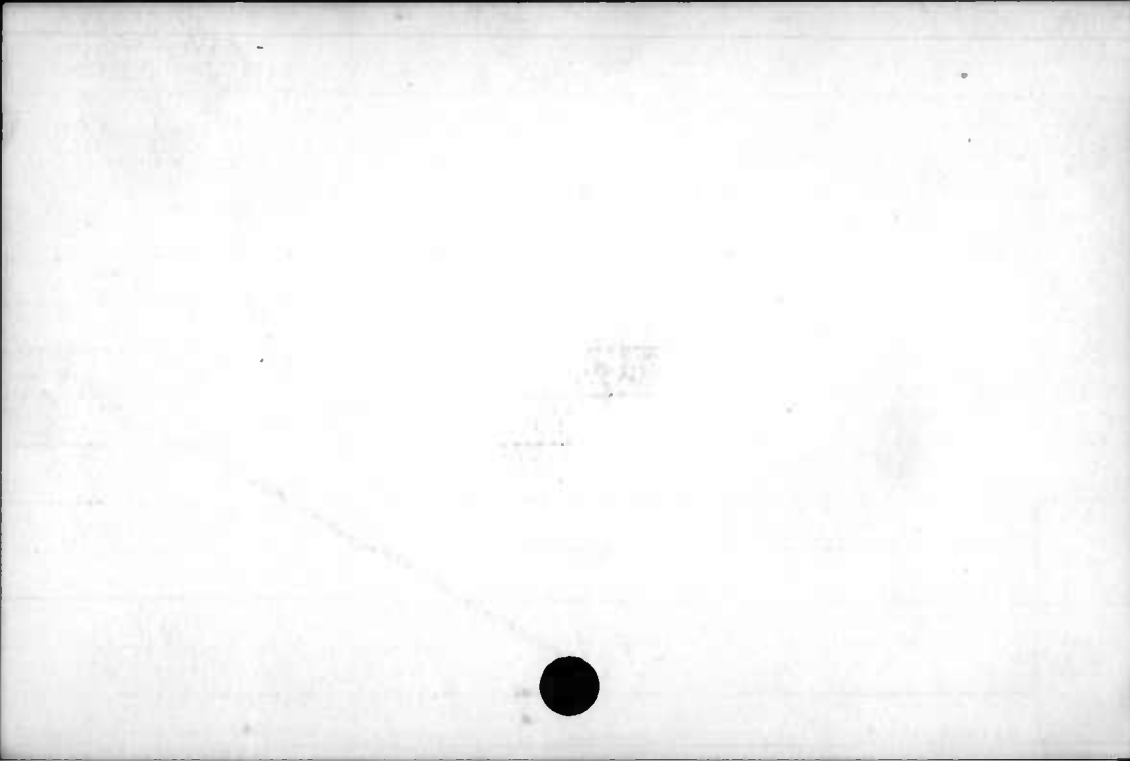
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>18</i>	Age <i>38</i>	Years	Months <i>9</i>	Days <i>8</i>			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>						
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Fanny Barward</i>									
Father's Name <i>David Campbell</i>			Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Harriett Ely</i>			Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Fanny Barward</i>			How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	<i>10</i>	How long <i>One week</i>
Immediate <i>Adenoma of lungs</i>		How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Hager</i>	
	Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>No</i>		



Name in Full

Certificate of Death

125

Jonathan Brower -  
Died at <sup>Town</sup> Williamport <sup>County</sup> Md. Wash -

MARYLAND

Date 1903 Feb 10 Age 74-8-20 Male White Married ~~Widow~~ Native of Md. Occupation Carpenter  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 10

Husband of Jonathan Brower  
 Wife of Hartman

Father's Name Henry Brower  
 Mother's Name

Cause of Death { Primary Stomach trouble  
 Immediate Prostration

How long sick

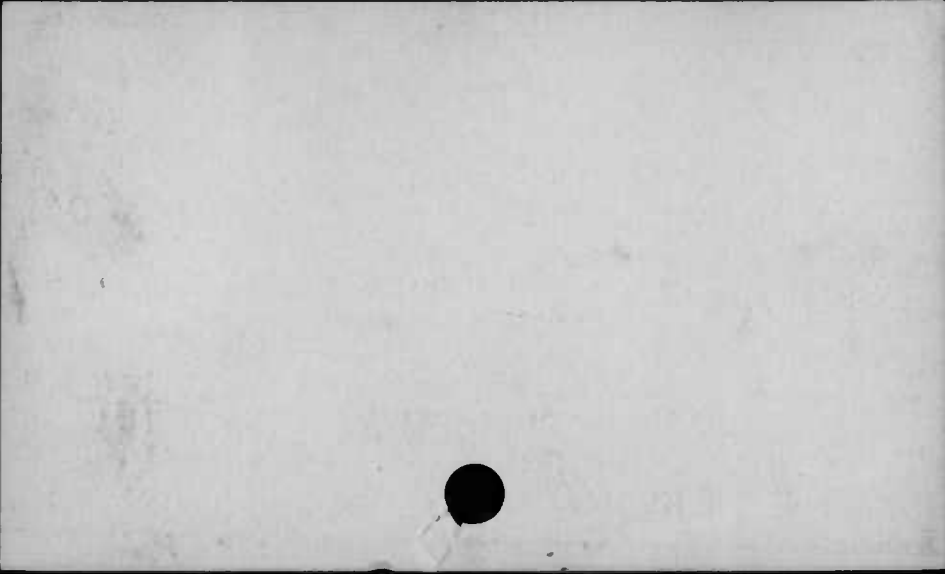
Three months

Accident, Suicide, Homicide

Reported by E. J. Richardson 104

Address Williamport Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Nathan Boyce


## CERTIFICATE OF DEATH

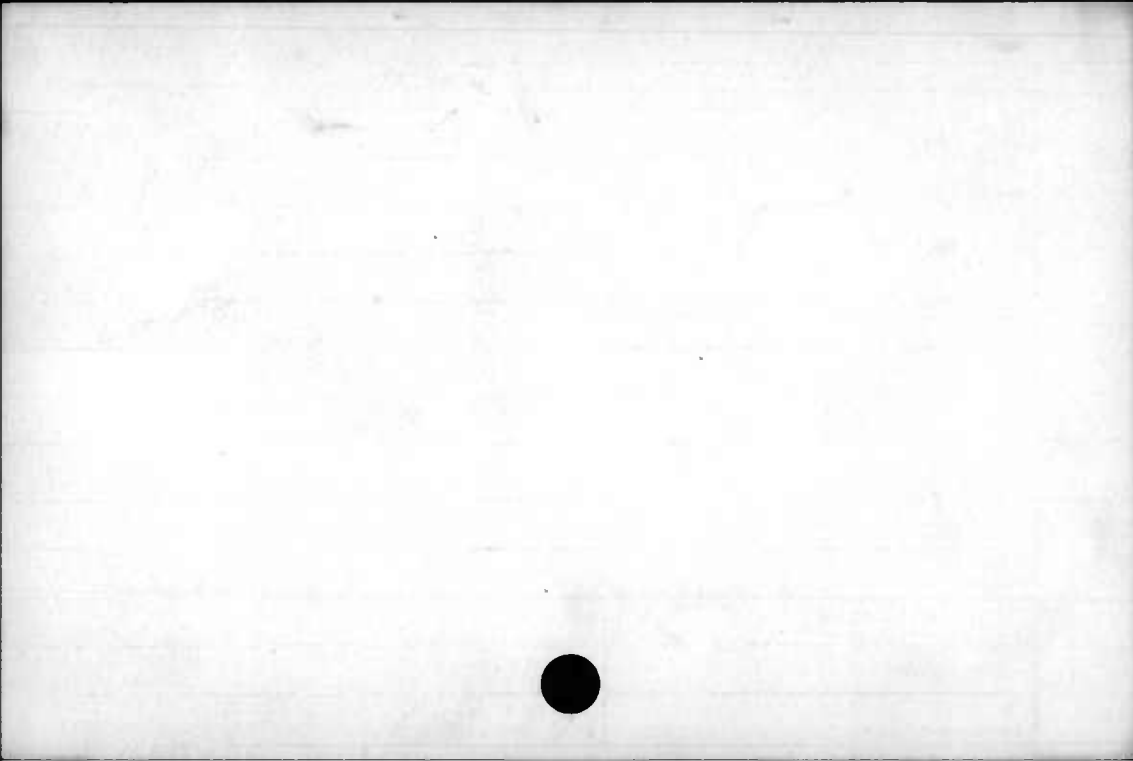
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Haystone</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>3</u>	Age <u>49</u> <sup>Years</sup>	Months <u>11</u>	Days <u>18</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Baltimore Md</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Fireman</u>		
Name of Wife or Husband <u>Jane Boyce</u>					
Father's Name <u>Not known</u>			Father's Birthplace <u>Not known</u>		
Mother's Maiden Name <u>Not known</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Janet Sheaton</u> <u>93</u>			How related to deceased <u>Friend</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Doubt Pneumonia</u>	How long	<u>1 wk</u>
Immediate	<u>" "</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. Preston Mills</u>	
		Address <u>Haystone Md</u>	
		Accident or Suicide? <u></u>	



Name in Full

Certificate of Death

Reuben. Brackett  
 Town County

Died at

Meriden

County

Washington

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

27

Age

44.8

..

ra

Labourer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Helene Leontine

Wife

Father's

Name

Anton Brackett

Mother's

Maiden Name

Effie Herbert

Cause of

Primary

Senile Gangrene

How long sick

2 yrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. J. Forster M.D.

Address

Brunswick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Benj. F. Brinkman

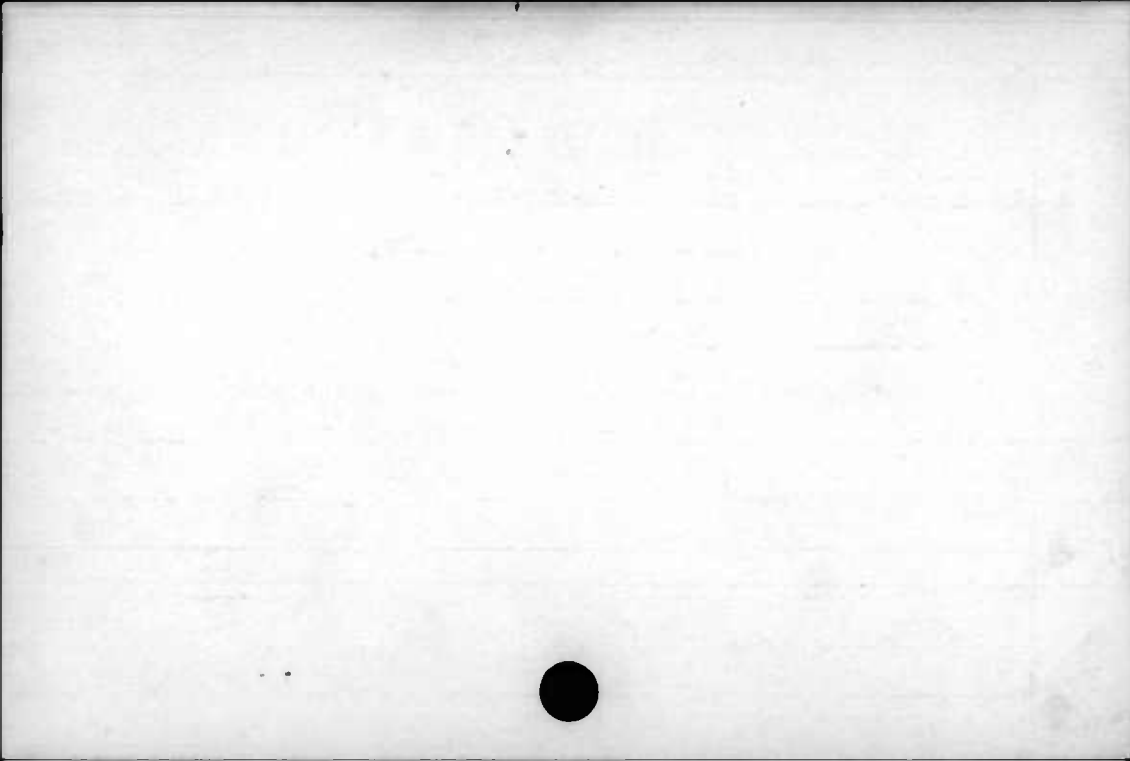
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Benevola</i> <sup>Town</sup>		<i>Wash</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>14</i>	Age Years <i>75-3</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Beaver Creek</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Farmer</i>		
Name of Wife or <del>Husband</del> <i>Mary E. Martin</i>					
Father's Name <i>Jno. Brinkman</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Mary Hanne</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Daughter</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH *93*PHYSICIAN  
OR CORONER

Primary <i>Pneumonia -</i>	How long <i>13 days</i>
Immediate <i>Heart Failure (Mitral Dis)</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonabrook</i>
Accident or Suicide?	<i>md</i>



Name  
in  
Full

Still Born

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haystown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>2</i>	Day <i>8</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Haystown</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>William Butler</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Lena Maule</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>William Butler</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>D.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. K. Coffman</i>	
	Address <i>Funeral Director</i> <i>Haystown Md</i>	
Accident or Suicide?		



Name In Full

Certificate of Death

Mrs Mary Cearford  
 Town Cearford County Washington MARYLAND  
 Died at  
 Date 1908 Feb 17 Y. 86 M. 10 D. 26 Native of Ma Occupation Housewife  
~~Male~~ White ~~Married~~ Widow ~~Overseas~~  
 Female Colored Single Widowed Number of children living 3

Husband of  
 Wife Daniel Cearford

Father's Name  
 Mother's Name

Cause of Primary Scuricity 154 How long sick 100 days  
 Death Immediate ~~Accident, Suicide, Homicide~~

Reported by D C R Nicolson M D  
 Address Miami & Nixon, Ok

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*J. E. Chamberlin*

Died at *Smithsburg* *Washington* County MARYLAND

Date of death 190 *2* Month *25* Day Age *65* Years *4* Months *14* Days

Sex *Female* Color or Race *white* Birth-place *Washington*

Married, Single or Widowed *Widowed* Occupation *Lady*

Name of Wife or Husband \_\_\_\_\_

Father's Name *John Davis* Father's Birthplace *Boacolon*

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace *Boacolon*

Name of person giving information *Joseph Wishead* How related to deceased *Brother-in-law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Dysmenorrhea* How long *2 yrs.*

Immediate *Exhaustion* How long *1900*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. J. Justice*

Address *Smithsburg Md.*

Accident or Suicide? *No*





Name  
in  
Full

Aaron Coast

## CERTIFICATE OF DEATH

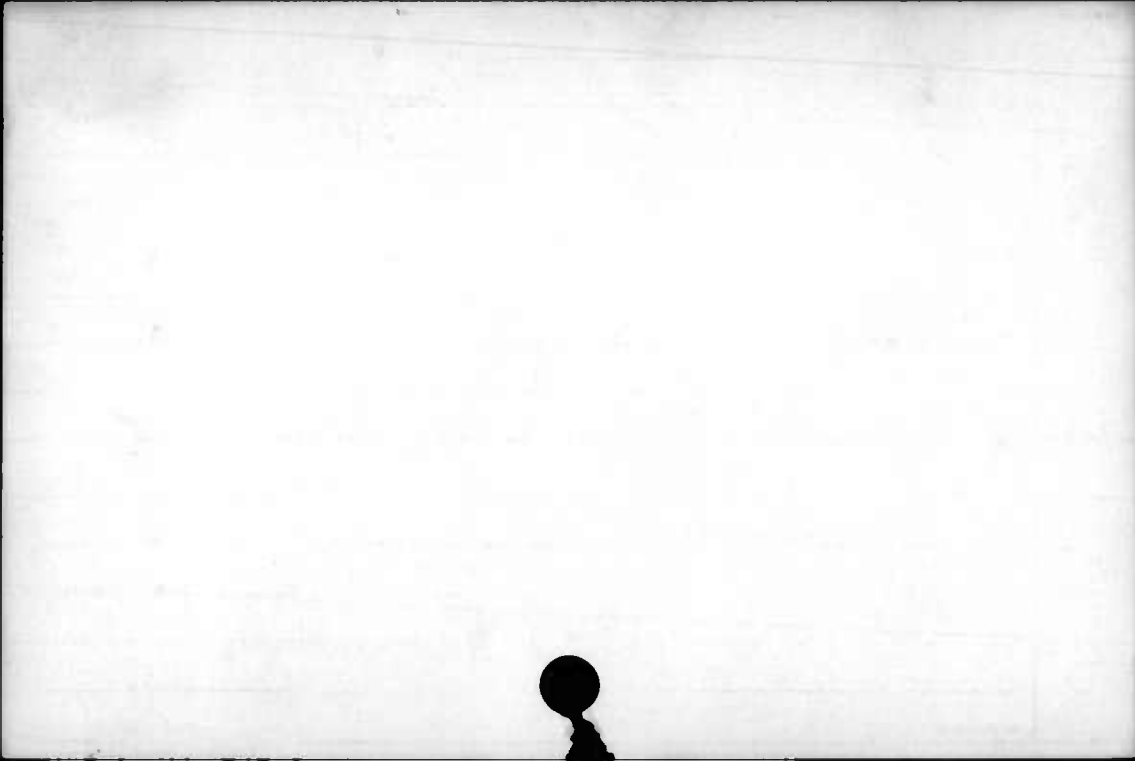
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 1903		Month 2		Day 17		Age 67		Years 5	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months 5		Days 19	
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired</i>		Name of Wife or Husband <i>Malinda a Stine</i>		Father's Name <i>Samuel Coast</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Barbara Eedy</i>		Mother's Birthplace <i>Md</i>		Name of person giving information <i>Mrs Coast</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>carcinoma.</i>		How long <i>45</i>	
Immediate		How long <i>2. yrs months 7</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Pitsenogle</i>	
Accident or Suicide?		Address <i>Hagerstown Md</i>	



Name  
in  
Full

Henry M. Dornier

CERTIFICATE OF DEATH

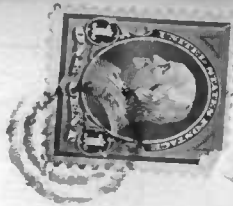
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Feb	25	Age	5	Months
Sex		Color or Race		Birth-place		Days	
Married, Single or Widowed		Occupation		White		No Md.	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
H. M. Dornier				Father			
Mary A. Schuchter							
Rollo Dornier							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Boonobut 40			
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		A. J. Stuffer	
		Hagerstown, Md.	
Accident or Suicide?			



Mr David Kelly  
Fairplay

Md

Name  
in  
Full

## CERTIFICATE OF DEATH

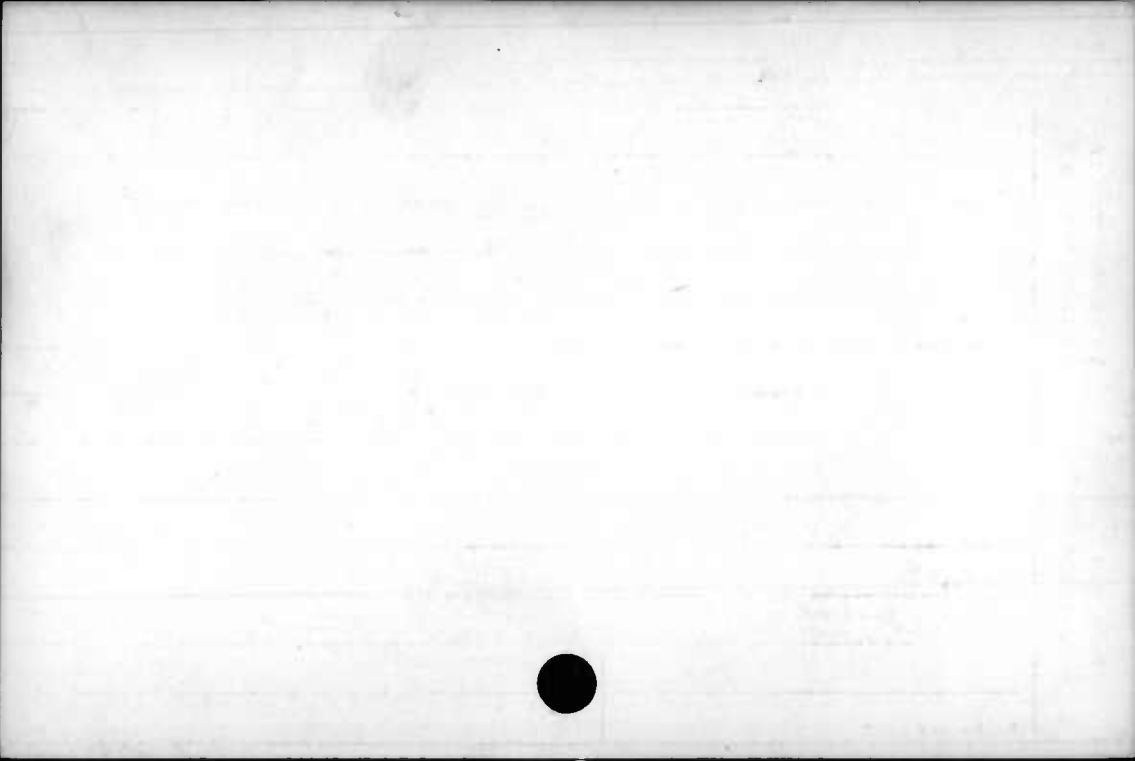
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>24</i>	Age <i>—</i>	Months <i>15</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jeremiah Earnshaw</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Carrie M. Slick</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>about two weeks</i>
Immediate <i>Failure of respiratory organs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Hummichouse</i>
	Address <i>Hagerstown Md,</i>
Accident or Suicide?	<i>1</i>

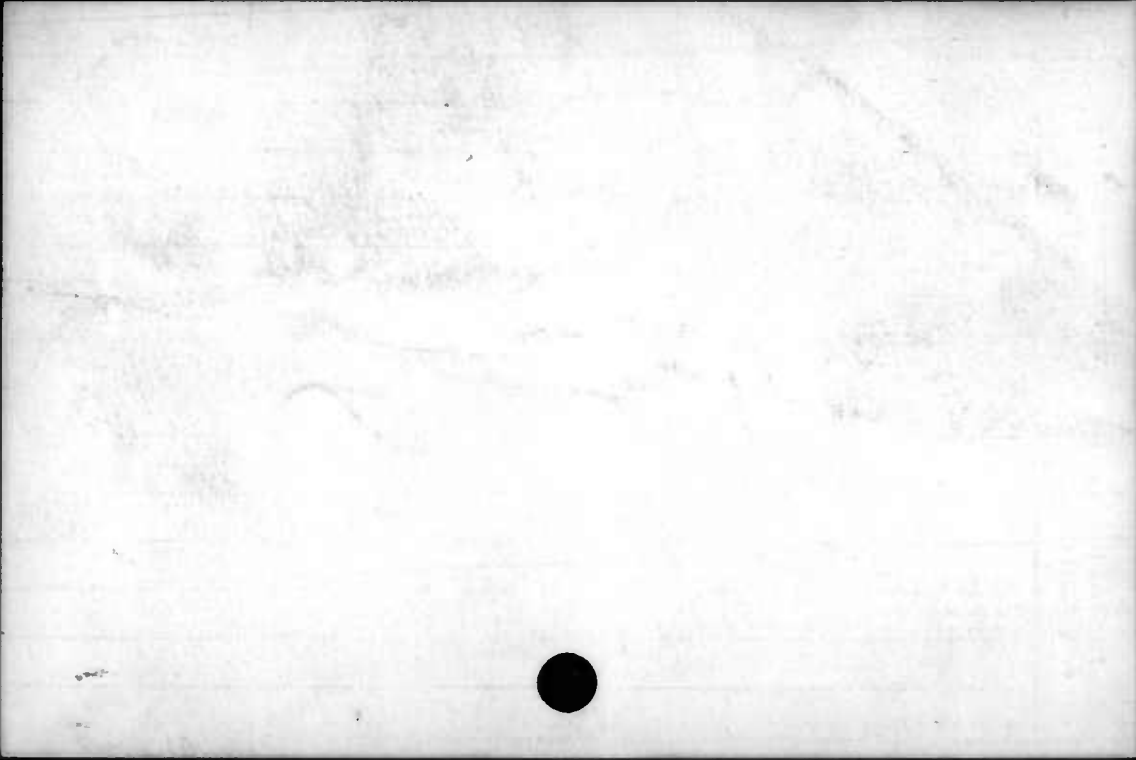


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown	County Washington	MARYLAND
	Date of death	1903	Month Feb	Day 24	Age 1
	Sex male	Color or Race white	Birth-place Hagerstown	Months 3	Days 25
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name Jesse E. Eanshaw	Father's Birthplace Va.			
PHYSICIAN OR CORONER	Mother's Maiden Name Carrie M. Slick	Mother's Birthplace Md.			
	Name of person giving information Carrie M. Eanshaw	How related to deceased Mother			
	CAUSES OF DEATH				
	Primary Tuberculosis	How long 5 months			
	Immediate	How long			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
		Address			
	Accident or Suicide?				





Name in Full		Mrs. Albert Elliett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Williamsport		County Wash.		MARYLAND	
	Date of death 190	3	Month Feb	19	Day	Age 74	Years
	Sex	Female		Color or Race	white		Birth-place Md.
	Married Single or Widowed			Occupation	Housekeeper		
	Name of Wife or Husband	James Elliott					
	Father's Name						Father's Birthplace
	Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Mrs. Bess Davis					How related to deceased	Daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart trouble				How long	one month
	Immediate	Prostration				How long	one week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. S. Richardson
	Accident or Suicide?				Address		Williamsport Md. A. M. Dent



Name  
in  
Full

## CERTIFICATE OF DEATH

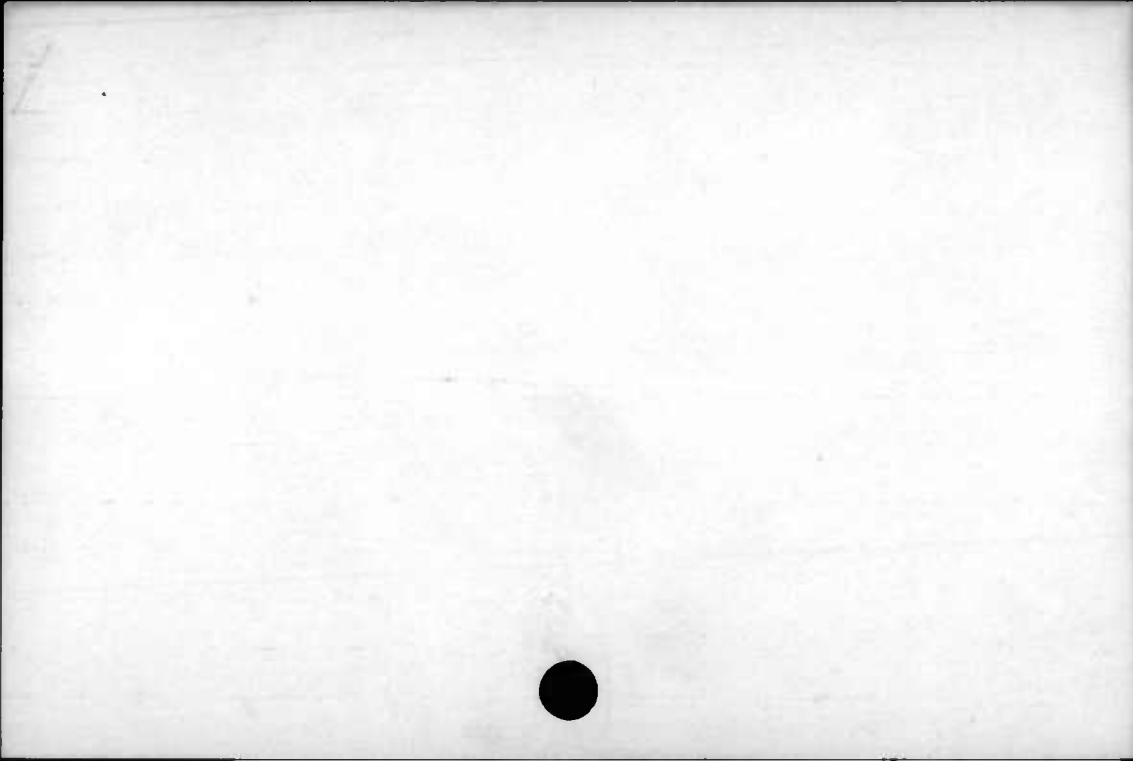
~~Good~~ EmmertTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	3	Month	Feb	Day	5	Age	65
Sex		Male		Color or Race		White	
Married Single or Widowed		Widower		Occupation		Farmer	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	2 years
Immediate	Uremia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. M. Reichard	
		Address	
		Fairplay	
Accident or Suicide?			



Name  
in  
Full

Charlotte Fletcher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Haystown* <sup>County</sup> *Washington* *MARYLAND*

Date of death 190 <sup>2</sup> <sup>Month</sup> *2* <sup>Day</sup> *13* Age <sup>Years</sup> *72* <sup>Months</sup> *None* <sup>Days</sup> *—*

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Married, Single or Widowed *Widow* Occupation *House wch*

Name of Wife or Husband *Thomas Fletcher*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving information *Lottie Brooks* *95* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Congestion Lungs* How long *3 days*

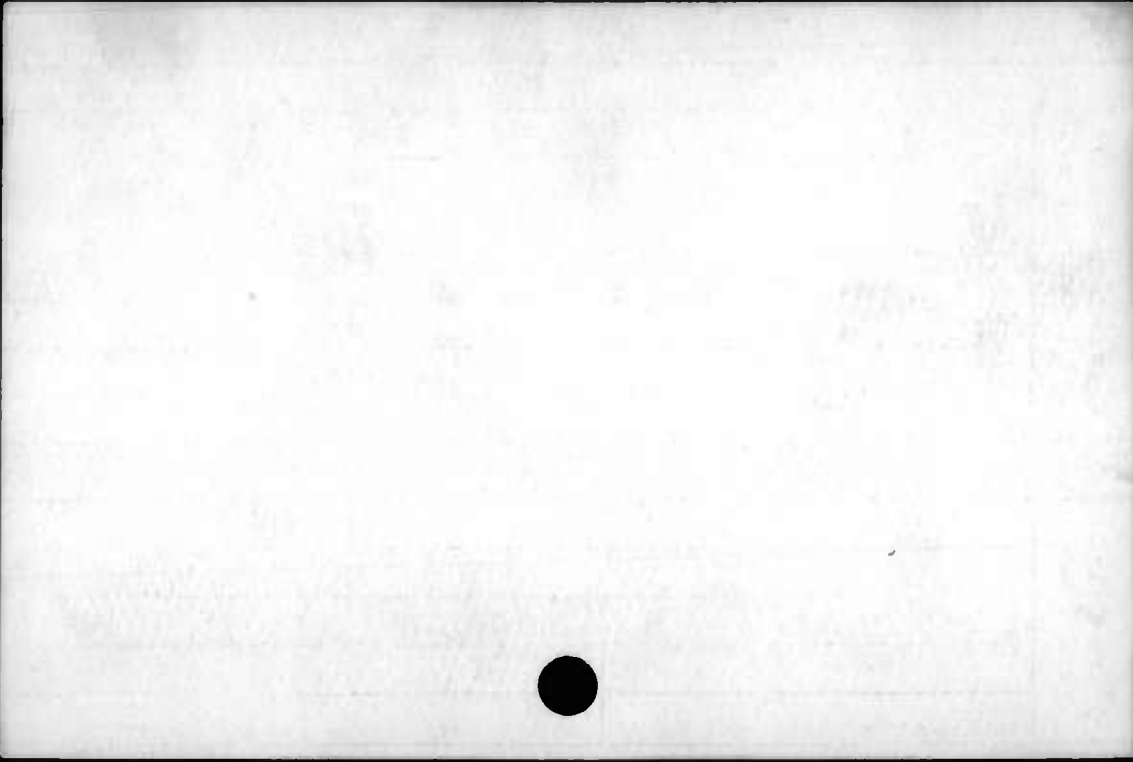
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *E. H. Markham*

Address *—*

Accident or Suicide? ☐



Mary Good

Town

County

Died at

Crawford

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1903

Month

Day

Age

80

years

Housekeeper

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

old age 154

How long sick

3 months

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Victor Miller M.D.

Address

Mason Ligon, Pa.

Franklin Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Charles E. Griffith

## CERTIFICATE OF DEATH

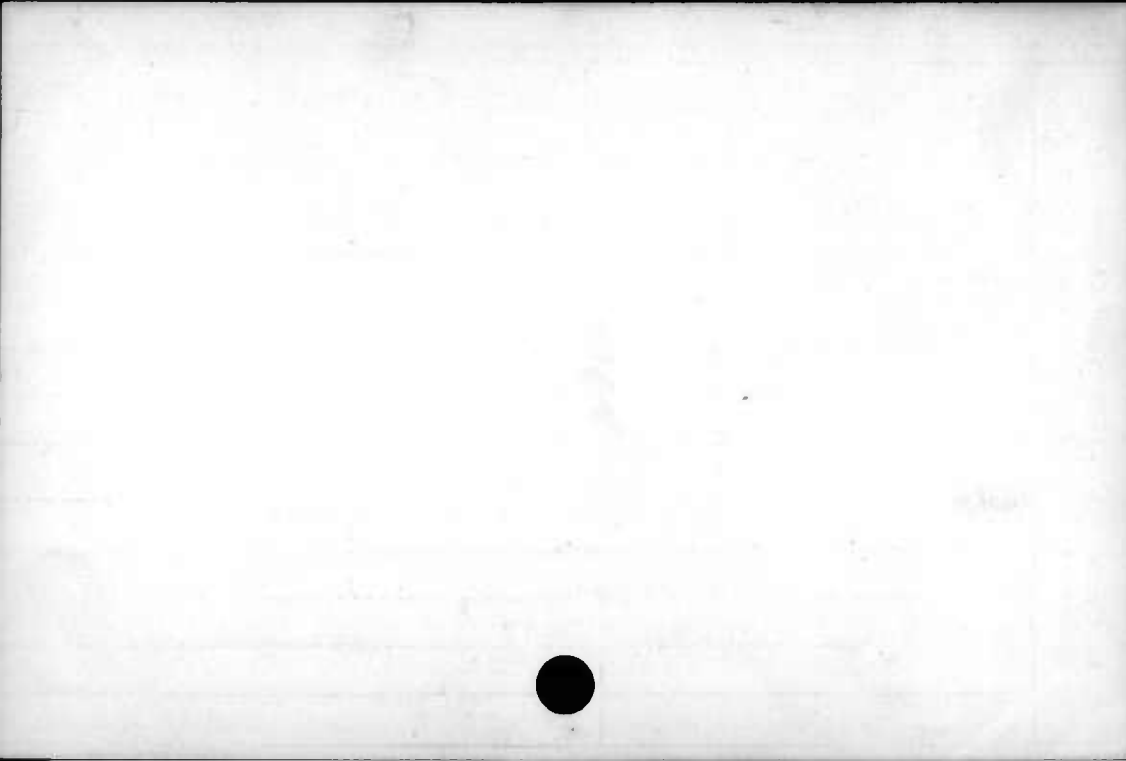
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>23</i>	Age <i>14</i>	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Helper in Stocking Factory</i>		
Name of Wife or Husband					
Father's Name <i>John H. Griffith</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Kate Burger</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Mother JV</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>2</i>	<i>Incised wound in sole of left foot</i>	How long <i>10 days</i>
Immediate <i>1</i>	<i>Tetanus</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. Preston Miller</i>
		Address <i>Hagerstown Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>		



Name  
in  
Full

Frank Nelson Burham Hammersley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County Washington		MARYLAND	
Date of death 1903		Month Feb.	Day 15	Age	Years 24	Months 7	Days 10
Sex			Color or Race			Birth- place old Forge	
Married, Single or Widowed			Married			Occupation Labor	
Name of Wife or Husband			Clara Elizabeth Hammersley				
Father's Name			Fredric B. Hammersley			Father's Birthplace Leitersburg	
Mother's Maiden Name			Martha Ann Osborn			Mother's Birthplace Montrose	
Name of person giving In formation			Fredric Hammersley			How related to deceased Father Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		118		How long	
Immediate		Peritonitis & Open Aortic		This day &	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. J. Mungin	
Address		[Redacted]		Address Annapolis Md	
Accident or Suicide?		[Redacted]			



Name  
in  
Full

Isabella Hammond

## CERTIFICATE OF DEATH

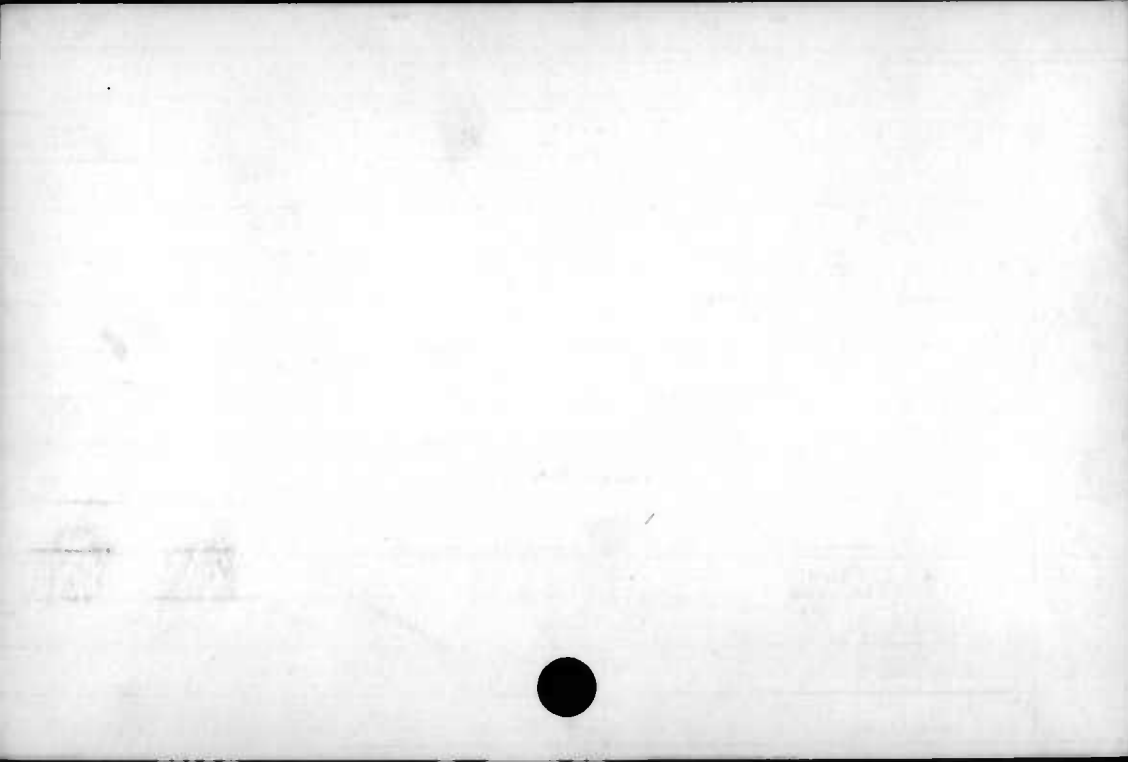
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagystown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 190 <sup>Month</sup> <i>8</i>	<sup>Day</sup> <i>8</i>	Age <sup>Years</sup> <i>60</i>	<sup>Months</sup>	<sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>near Hagystown</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>House work</i>				
Name of Wife or Husband					
Father's Name <i>John Postetter</i>			Father's Birthplace <i>near Hagystown</i>		
Mother's Maiden Name <i>Mary Brumbaugh</i>			Mother's Birthplace <i>Middlebury Pa</i>		
Name of person giving Information <i>Catharine Summer</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy -</i>	How long	<i>64</i>	How long	<i>Five hours</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
Accident or Suicide?		<i>Chas. B. Rogers M.D.</i> <i>Hagystown</i>			



Name in Full

John. W. Harsh.

Certificate of Death

127.

Died at <sup>Town</sup> Williamsport <sup>County</sup> Washington

MARYLAND

Date 1905 <sup>Month</sup> 2<sup>d</sup> <sup>Day</sup> 24<sup>th</sup> <sup>Y.</sup> 34 <sup>M.</sup> 5 <sup>D.</sup> <sup>Native of</sup> Maryland <sup>Occupation</sup> Butcher

~~Female~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colonel~~ ~~Single~~ ~~Widower~~ Number of children living one

Husband of Jennie Newcomer

Father's Name David H. Harsh Mother's Name Malinda Harsh

Cause of Death { Primary Atrophy of Lungs 99  
Immediate Heart Failure

How long sick  
Accident, Suicide, Homicide

Reported by Dr. D. L. Lesher

Address Williamsport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in Full

Harry Kiindel Helferstay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u>	<u>Feb.</u> <sup>Month</sup>	<u>22</u> <sup>Day</sup>	Age <u>28</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>R.R. Employee</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>William Helferstay</u>			Father's Birthplace <u>N. Va</u>		
Mother's Maiden Name <u>Elizabeth Gatsell</u>			Mother's Birthplace <u>N. Va</u>		
Name of person giving information <u>Elizabeth Helferstay</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Valvular disease of Heart</u>	How long <u>3 mos.</u>
Immediate <u>Pulmonary Embolism</u>	How long <u>6 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. J. Thompson</u>
	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>      </u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

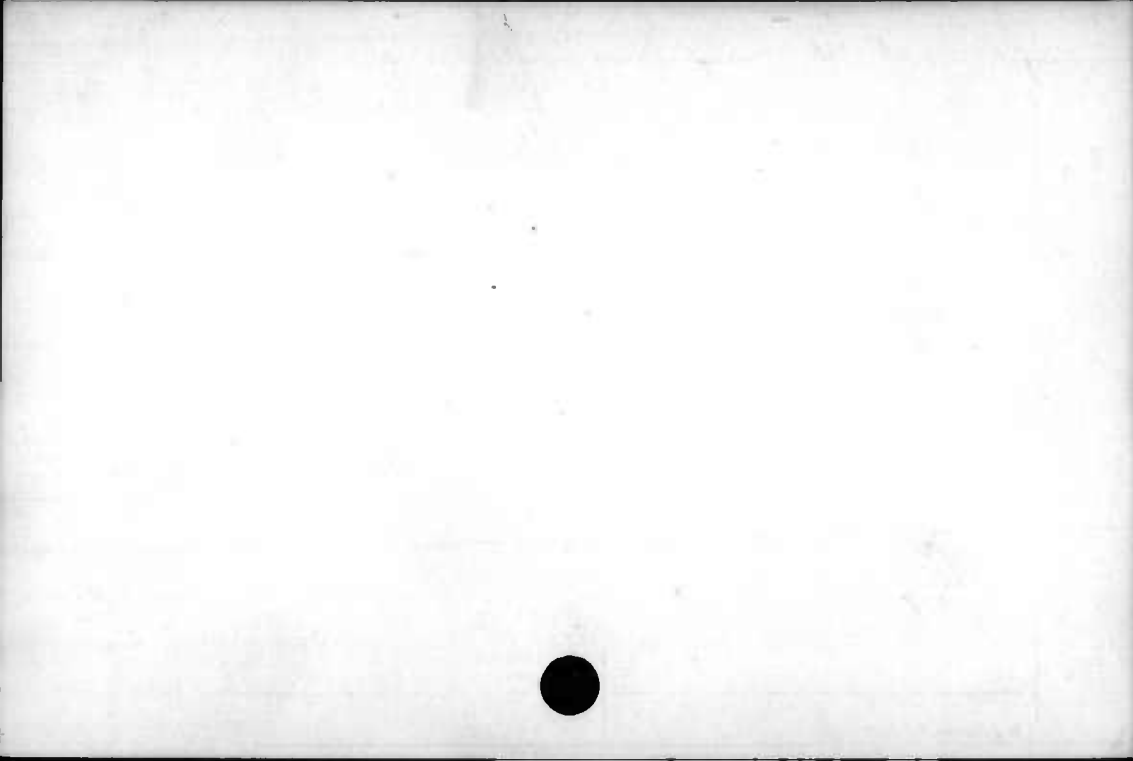
TO BE ANSWERED BY  
NEAREST FRIEND

Francis Boyle Hummelsine		Town		County		MARYLAND	
Died at Hagerstown		Washington					
Date of death 1903	Month Feb'y.	Day 9	Age	Years	Months	Days	11
Sex male	Color or Race white	Birth-place Md.					
Married, Single or Widowed single		Occupation Child					
Name of Wife or Husband							
Father's Name Leonard Hummelsine				Father's Birthplace Md			
Mother's Maiden Name Katharine Moore				Mother's Birthplace "			
Name of person giving information Leonard Hummelsine				How related to deceased father.			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Encephelas. Phlegmonous -	How long	Five days
Immediate		How long	18
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		Chas. S. Ryland Hagerstown	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		July	3	4	4	4	1
Sex		Color or Race		Birth-place			
male		white		Maryland			
Married, Single or Widowed				Occupation			
Single							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Conrad G. Helsner				Penn			
Mother's Maiden Name				Mother's Birthplace			
Ida V. Roberts				Md			
Name of person giving information				How related to deceased			
C. G. Helsner				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Convulsions	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	V. M. Reuchard
	Address
	Fairplay,
Accident or Suicide?	



Name  
in  
Full

William. Kelsner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dorrowsville</u> <sup>Town</sup>			<u>Mashington</u> <sup>County</sup>			MARYLAND		
Date of death 190 <u>3</u>		<u>July</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	Age <u>4</u> <sup>Years</sup>		<u>4</u> <sup>Months</sup>		<u></u> <sup>Days</sup>
Sex <u>Male</u>			Color or Race <u>White</u>			Birth-place <u>MD</u>		
<del>Married, Single or Widowed</del>				Occupation				
<del>Name of Wife or Husband</del>								
Father's Name <u>Leonard G. Kelsner</u>						Father's Birthplace <u>Penn</u>		
Mother's Maiden Name <u>Ada V. Roberts</u>						Mother's Birthplace <u>MD.</u>		
Name of person giving information <u>L. G. Kelsner</u>						How related to deceased <u>Father</u>		

## CAUSES OF DEATH

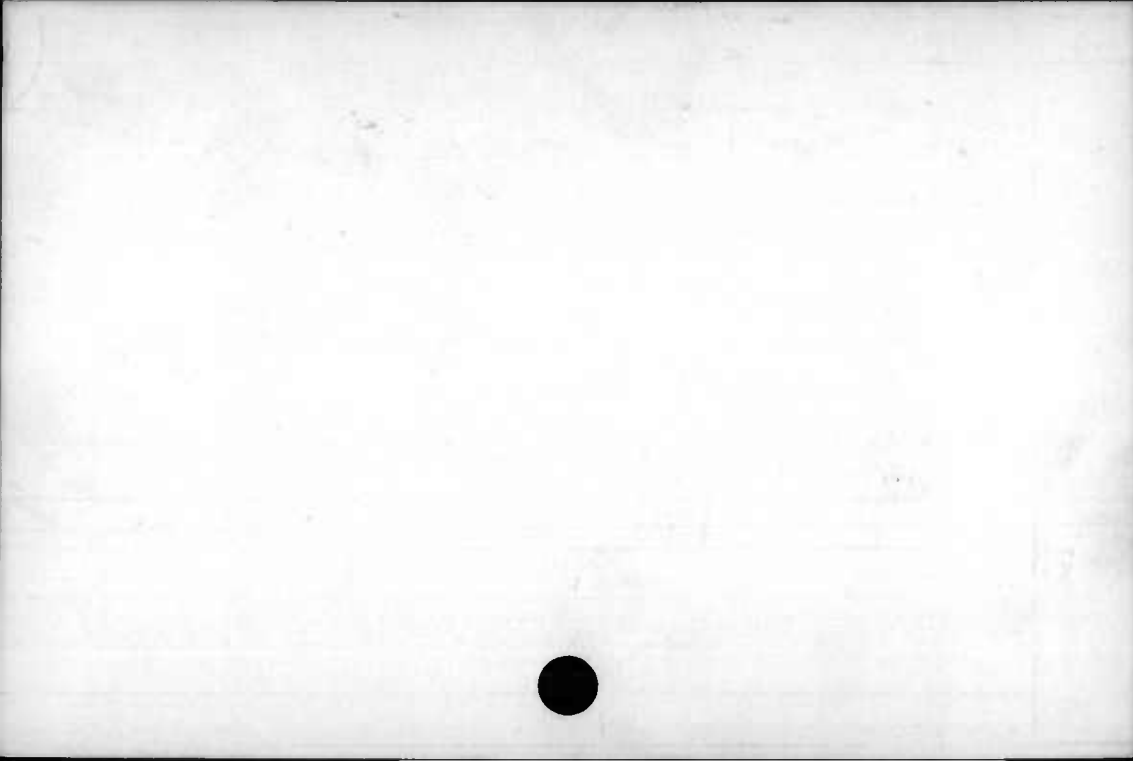
PHYSICIAN  
OR CORONER

Primary <u>Branchitis</u>		How long <u>2 weeks</u>
Immediate <u>meningitis</u>		How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>L. M. Reichard</u>
		Address <u>Fairplay</u>
Accident or Suicide? <u></u>		





Name in Full		Clyde Koontz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Baltimore		County	
		Date of death 190		Month 3		Day 20	
		Age		Years 1		Months	
		Sex male		Color or Race white		Birth-place Md.	
		Married, Single or Widowed		single		Occupation child	
		Name of Wife or Husband					
		Father's Name		F. Clay Koontz		Father's Birthplace W. Va.	
Mother's Maiden Name		Lillian Rouskulp		Mother's Birthplace Md.			
Name of person giving information		Samuel E. Rouskulp		How related to deceased grandfather			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Croup		How long 9	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Consulter Funeral Director	
		Address		Deagertown Md.			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
7 Feb		27	Age	68	10		
Sex	Female	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Widowed		Occupation	Housewife			
Name of Wife or Husband	Eugene Krah						
Father's Name	Jonathan Palmer				Father's Birthplace	Cecil	
Mother's Maiden Name	Elizabeth Hubert				Mother's Birthplace	Md	
Name of person giving information	John R. Fletcher				How related to deceased	Son in Law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Lobar Pneumonia		How long	3 da
Immediate	93		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Edgar J Smith
			Address	Brownboro Md
Accident or Suicide?				



Name  
in  
Full

Sarah E Lewis

## CERTIFICATE OF DEATH

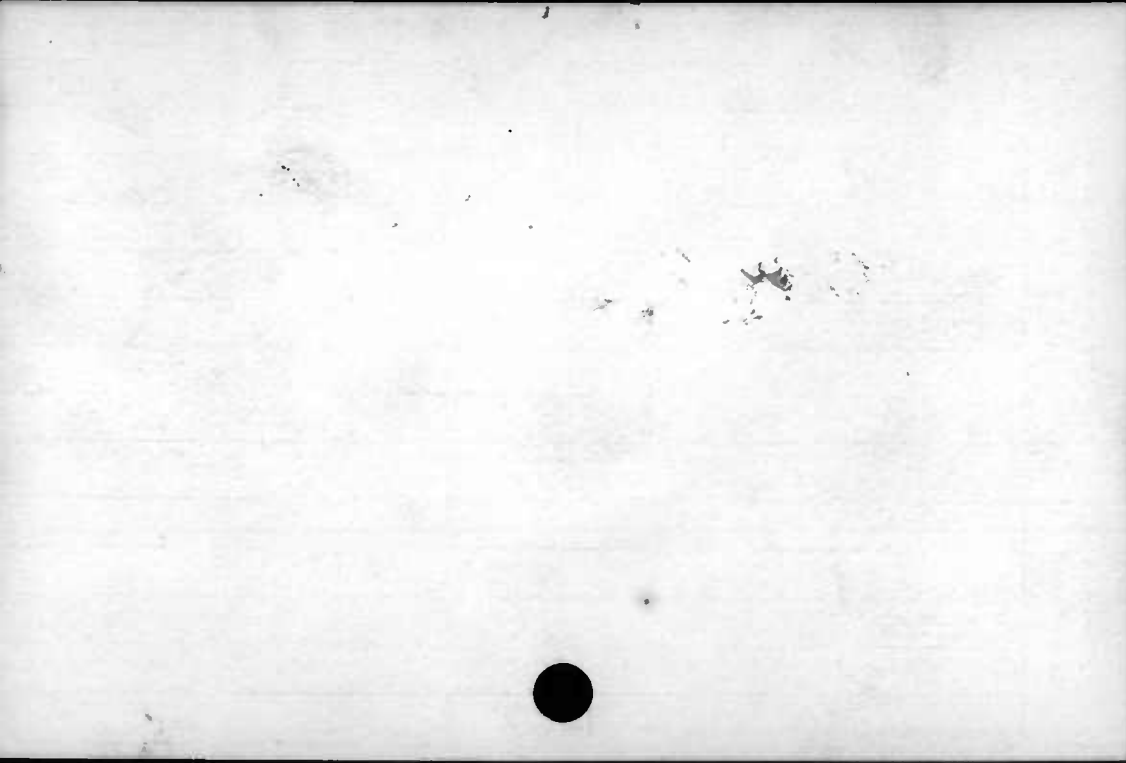
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bennsville		County Washington		MARYLAND	
Date of death 1903	Month Feb	Day 22	Years 40	Months	Days		
Sex Female	Color or Race White		Birth- place Maryland				
Married, Single or Widowed Single			Occupation Housewife				
Name of Wife or Husband R H Lewis							
Father's Name John Butts				Father's Birthplace Md			
Mother's Maiden Name Coroline Griffin				Mother's Birthplace Circ			
Name of person giving In formation R H Lewis				How related to deceased Husband			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Overseal Depression - 137	How long	6 days.
Immediate	Intoxication & Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Hubert Wade, M.D.	
yes		Address 1300 Locust - Wash. Co. Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJ J Liddy  
Died at *York Haven* Town

County

*Pa* ~~Maryland~~Date  
of death 190 *3*Month  
*2*Day  
*14*

Age

Years  
*38*

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*N. York State*Married, Single  
or Widowed*Widower*

Occupation

*Blaster*Name of Wife or  
Husband*Mrs Nellie Parker*Father's  
Name*don't know*Father's  
Birthplace*"*Mother's  
Maiden Name*"**"*Mother's  
Birthplace*"*Name of person giving  
In formation*Mrs Parker*How related  
to deceased*Mother in Law*

## CAUSES OF DEATH

Primary

*accidental discharge of Blast*

How long

Immediate

*"**"**"**"*

How long

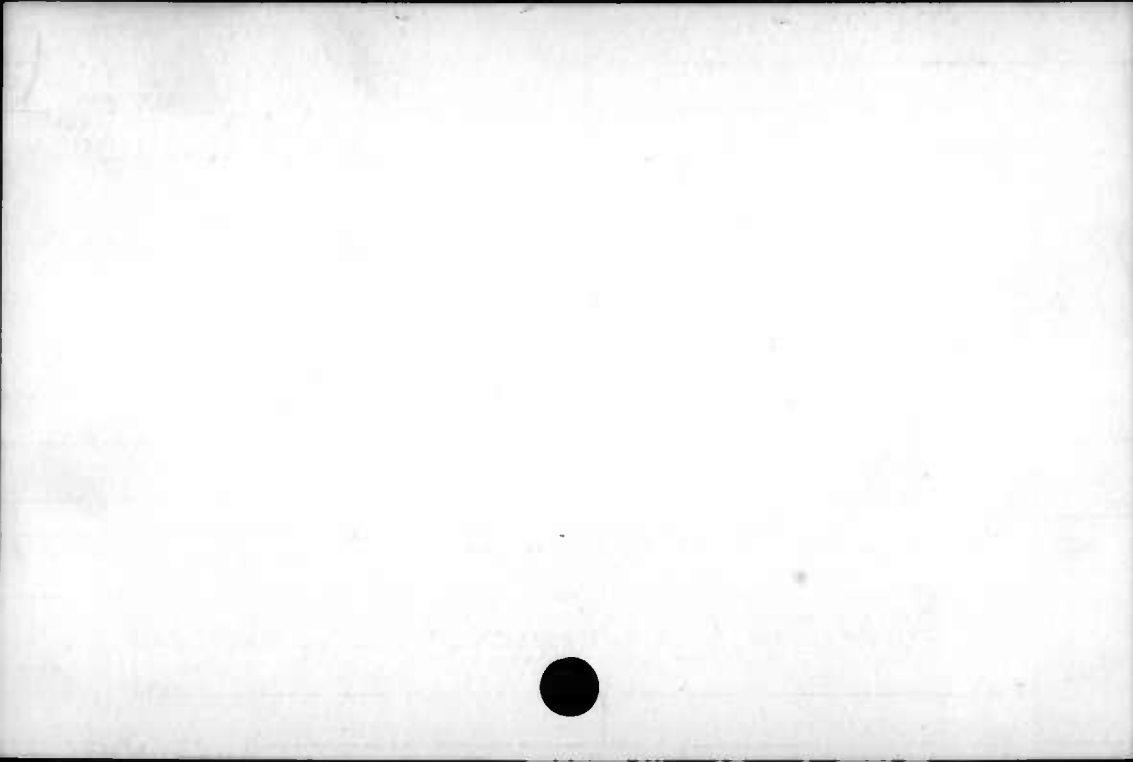
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*Wm Walker*

Address

*Hagerstown Md*

Accident or Suicida?

*Accident*PHYSICIAN  
OR CORONER





Name  
in  
Full

Anna Eliza Linker.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Galeland</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>Nov.</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>39</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>10</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Black.</i>		Birth-place <i>Goodland Co Va.</i>		
Married, Single or Widowed <i>Married.</i>			Occupation <i>Housewife.</i>		
Name of Wife or Husband <i>Clarence Linker.</i>					
Father's Name <i>John Harris.</i>			Father's Birthplace <i>Virginia.</i>		
Mother's Maiden Name <i>Emma Jackson.</i>			Mother's Birthplace <i>Virginia.</i>		
Name of person giving information <i>Clarence Linker.</i>			How related to deceased <i>Husband.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Phthisis.</i>	How long	<i>about 8 mos.</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. N. Schittuck</i>	
<i>Yes.</i>		Address <i>Burkittsville Maryland.</i>	
Accident or Suicide?			

14-00000-00000

1



Name  
in  
Full

*Mrs. Alice A. M<sup>c</sup>Laughlin*

CERTIFICATE OF DEATH

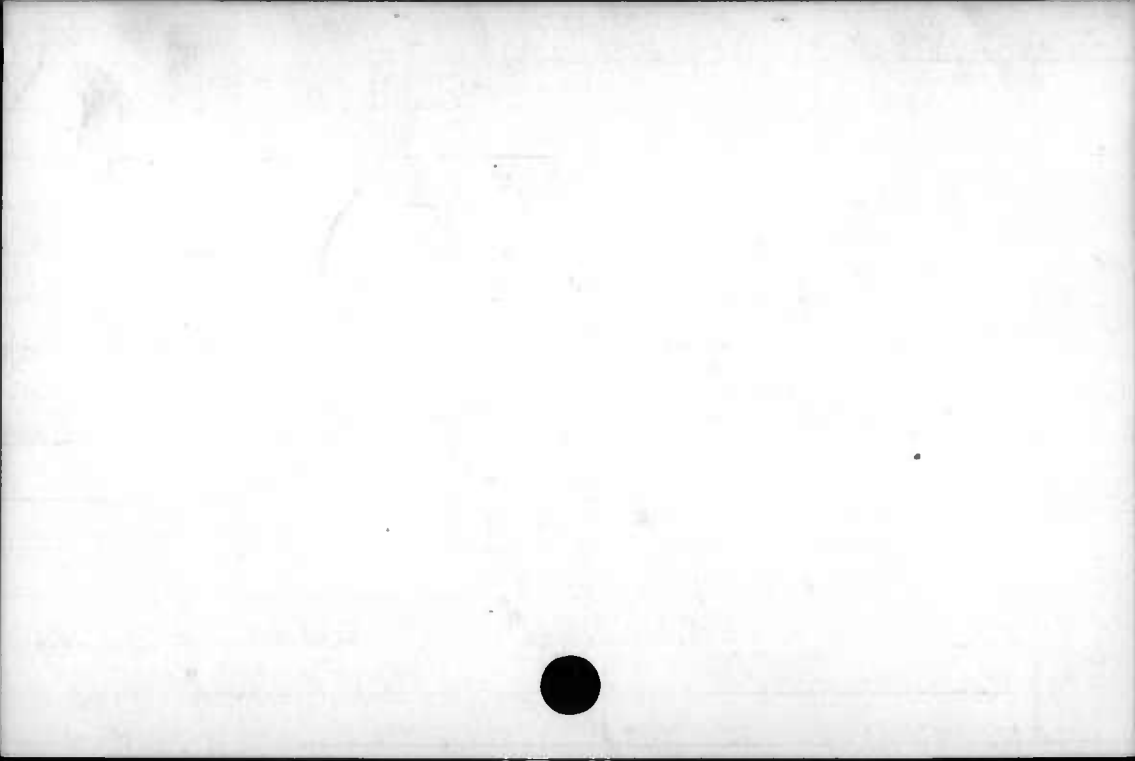
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leasfoss</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>Feb</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>40</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>H. W.</i>				
Name of <del>Wife</del> Husband <i>Frank H. M<sup>c</sup>Laughlin</i>					
Father's Name <i>Abram Rice</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Eliza Carl</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>F. H. M<sup>c</sup>Laughlin</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long
Immediate	<i>Heart Disease</i>	<i>79</i>	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Franklin A. Bushey M.D.</i>	
		Address	
		<i>Greencastle,</i>	
		<i>Pa.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

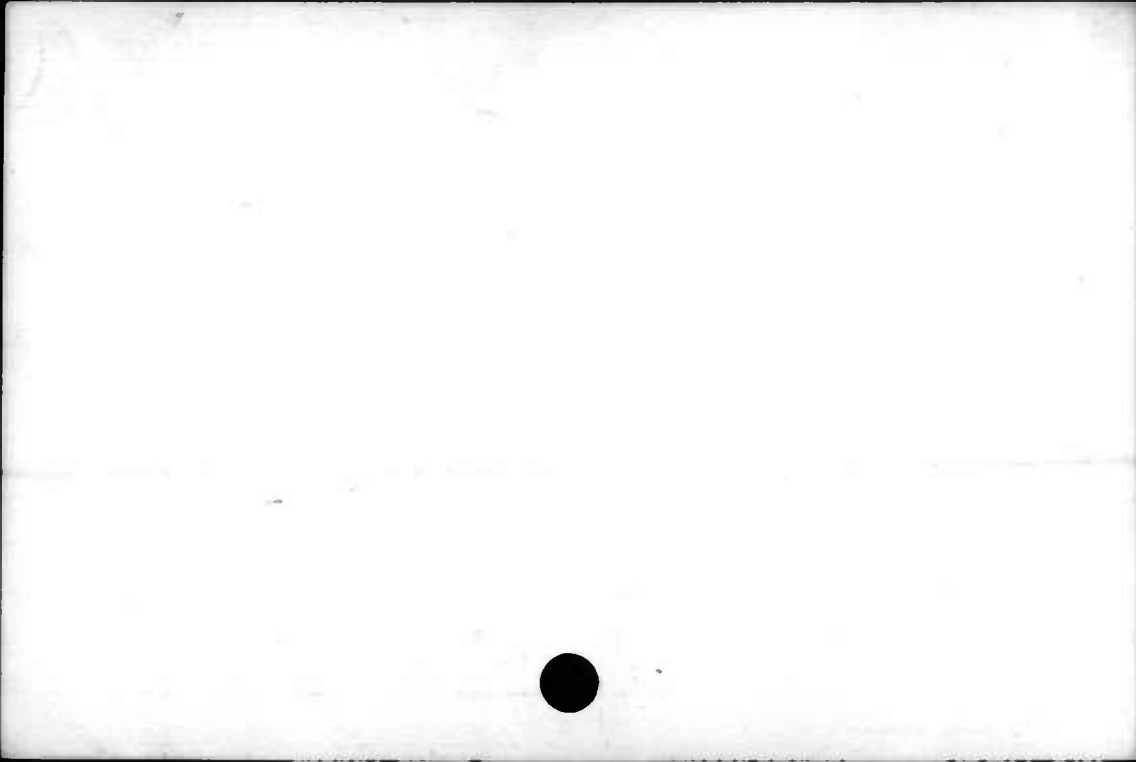
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Locust Grove</i> Town		<i>Washington</i> County		<i>Maryland</i> State	
Date of death 1903	Month <i>2</i>	Day <i>3</i>	Age <i>40</i> Years	Months <i>8</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Locust Grove</i>		
Married, <del>Single</del> or Widowed <i>Married</i>	Occupation <i>Butcher</i>				
Name of Wife or Husband <i>Mrs. Niala</i>					
Father's Name <i>Samuel Smith</i>			Father's Birthplace <i>Washington Co</i>		
Mother's Maiden Name <i>Ann M. Gross</i>			Mother's Birthplace <i>Frank Co</i>		
Name of person giving information <i>Ann M. Smith</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>5 years</i>
Immediate <i>Pneumonia, Typhoid</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. D. Baker</i>
	Address <i>Rohreraville Ind.</i>
Accident or Suicide?	



Name  
in  
Full

Lavinia Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Keedysville</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	Month <u>2</u>	Day <u>18</u>	Age <u>56</u>	Years	Months <u>      </u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>		
Married, <del>Single</del> <del>or Widowed</del>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Lavinia O. Marshall</u>					
Father's Name <u>Emmanuel Pittman</u>			Father's Birthplace <u>      </u>		
Mother's Maiden Name <u>      </u>			Mother's Birthplace <u>      </u>		
Name of person giving information <u>Husband</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Epilepsy</u>	How long <u>30 years</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>40 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. H. Hulse</u>
	Address <u>Keedysville Md</u>
Resident of State? <u>      </u>	





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Margaret Lousia May  
 Died at <sup>Town</sup> *Yager town* <sup>County</sup> *Washington* **MARYLAND**  
 Date of death 1903 <sup>Month</sup> *2* <sup>Day</sup> *23* <sup>Years</sup> *76* <sup>Months</sup> *4* <sup>Days</sup> *5*  
 Sex *Female* Color or Race *White* Birth-place *Germany*  
 Married, Single or Widowed *Widow* Occupation *Housewife*  
 Name of Wife or Husband *Geo Frederick May*  
 Father's Name *Henry Spoker* Father's Birthplace *Germany*  
 Mother's Maiden Name *Margarett Spoker* Mother's Birthplace *Germany*  
 Name of person giving information *Thos May* How related to deceased *Child*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Disease of Heart* How long *several years*  
 Immediate *Exhaustion* *79* How long *One week*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas Wagner*  
 Address *Neagustown Md.*  
 Accident or Suicide?



Name In Full

Certificate of Death

John L Metcalf

Town

County

Died at

Pinesburg

Washington

MARYLAND

Date 19

02

Month

2

Day

1

Y.

59

M.

11

D.

Native of

Ind

Occupation

Farmer

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

0

Wife

of

Wife

Father's

Name

Carrie Shoofs

Mother's

Maiden Name

Lucretia Tailton

Cause of

Primary

Paralysis

66

How long sick

2 Wks

Death

Immediate

Accident, Suicide, Homicide

Reported by

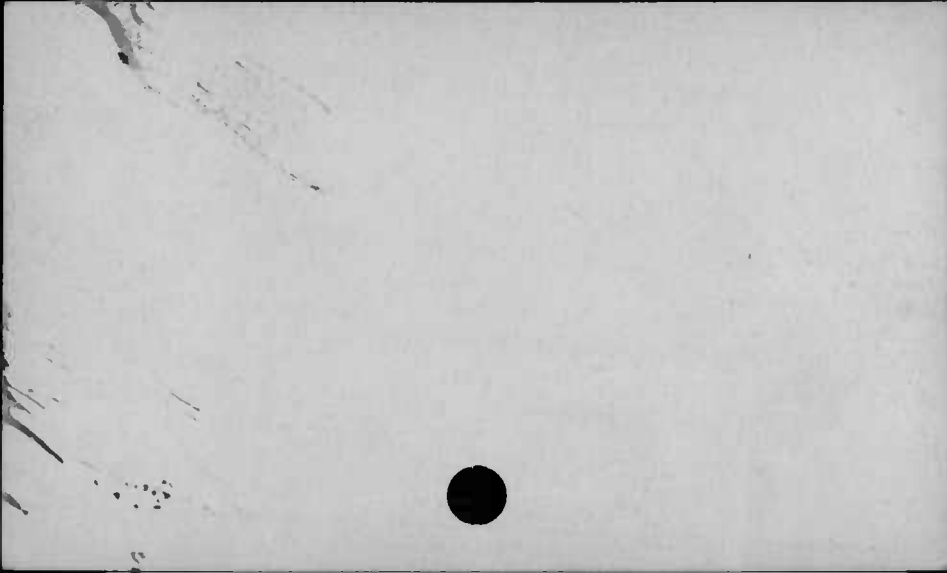
Address

J. F. Kuipers

Undertaker

Richardson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

S. P. Miller

## CERTIFICATE OF DEATH

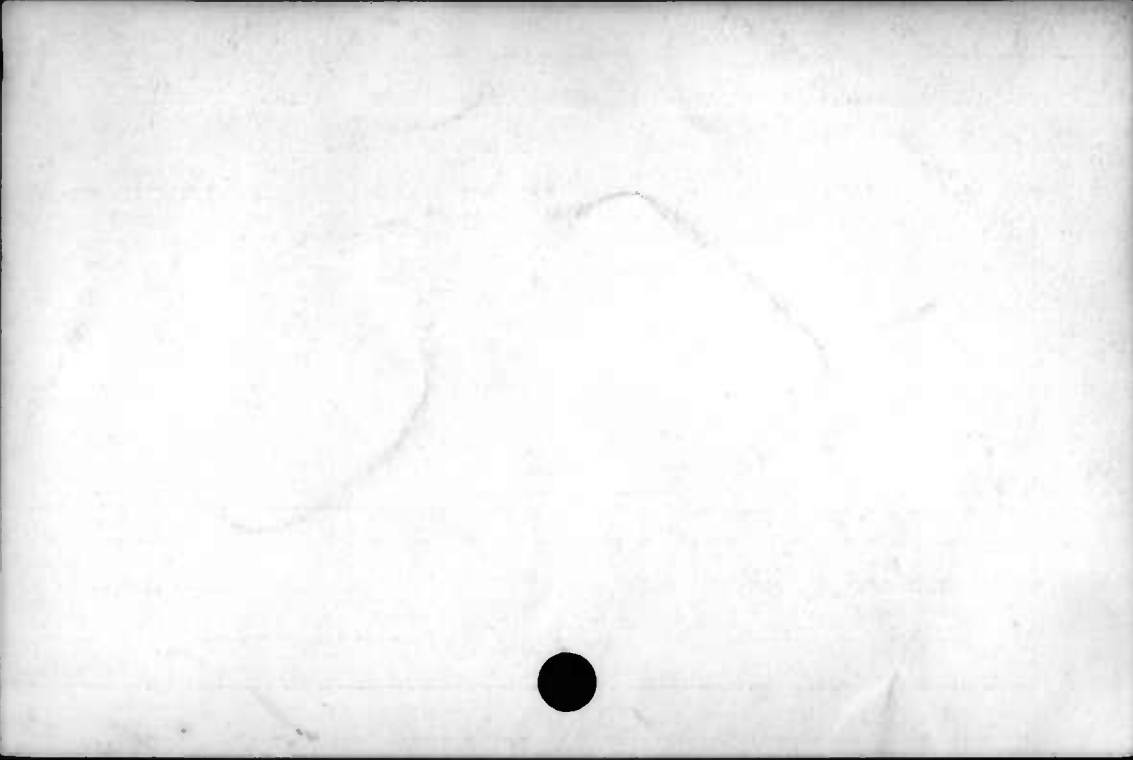
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsport</i> Town		<i>Wash</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>22</i>	Age <i>61</i>	Months <i>10</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>PA. Kingston</i>			
Married, <i>Single</i>		Occupation <i>Teacher</i>			
Name of Wife or Husband <i>Elizabeth Saxton</i>					
Father's Name <i>Abraham Miller</i>			Father's Birthplace <i>New Kingston</i>		
Mother's Maiden Name <i>Elizabeth</i>			Mother's Birthplace		
Name of person giving information <i>Wife</i>			<del>How related</del> <i>to deceased</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>apoplexy</i>	How long <i>one week</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. W. Richardson</i>
Accident or Suicide?	Address <i>Williamsport Md</i>



Name

in  
Full

Chas Jacob Mullin

## CERTIFICATE OF DEATH

Died at

Cherry Run W. Va, Morgan

W. Va

Date

of death 190

3

Month

Feb

Day

14

Age

Years

2

Months

Days

18

Sex

Male

Color or  
Race

White

Birth-  
place

Morgan Co

~~Married, Single~~  
~~or Widowed~~

Occupation

~~Name of Wife or  
Husband~~

Mother's name 3 Clara Mullin

Father's  
Name

Samuel Mullin

Father's  
Birthplace

Md, Wash

Mother's  
Maiden Name

Clara Penner

Mother's  
Birthplace

Md, Co

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Impaction of Bowels

How long

2 days

Immediate

Spasms Convulsions

How long

half hour

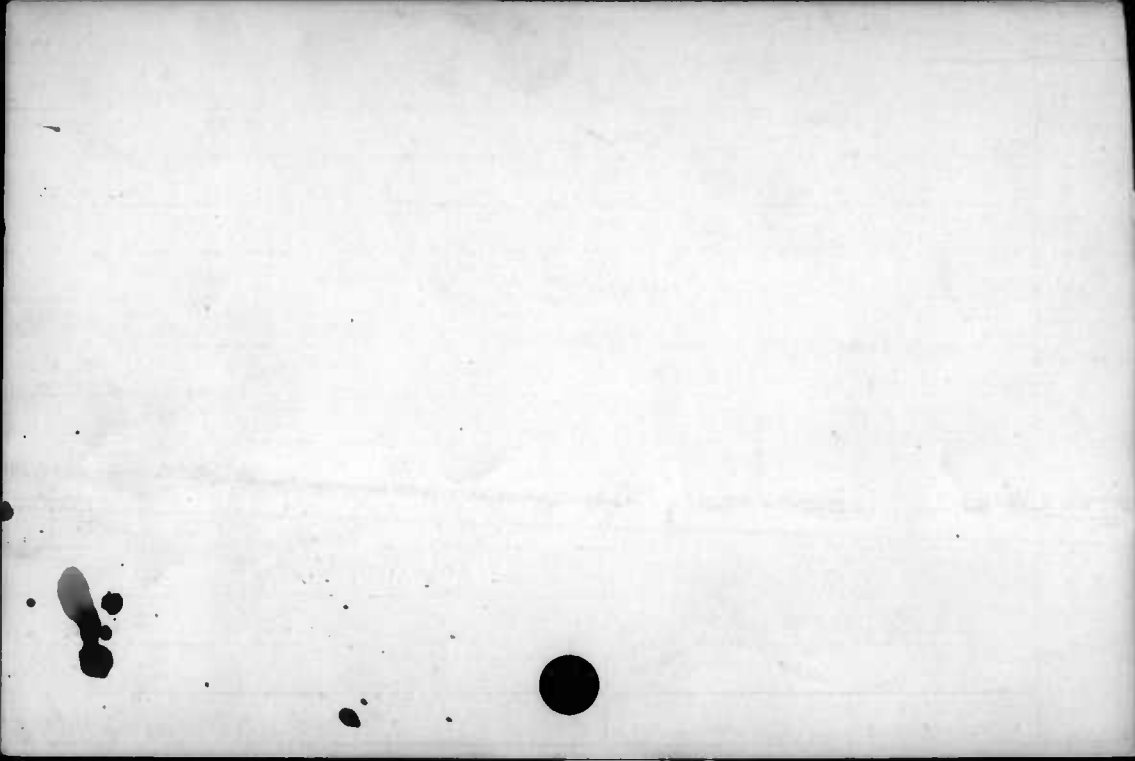
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. West.  
Hancock  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Chas. Jacob Mullin</i>		Town <i>Cherry Run</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Cherry Run</i>		Month <i>2</i>		Day <i>19</i>		Years <i>2</i>	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>19</i>		Years <i>2</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place		Months <i>0</i>	
Occupation		Where Residing if not at place of death		Days <i>18</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Samuel Mullin</i>		Father's Birthplace					
Mother's Maiden Name <i>Clara Mullin</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infection of Throat.</i>	How long <i>7 days.</i>
Immediate <i>Convulsions.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. M.</i>
	Address <i>Haverock Md.</i>
Accident or Suicide?	

True Copy.

CR Scheer

July 11, 1904

Name in Full

Certificate of Death

James. Edward. Nokes  
 Town Brownsville County Washington MARYLAND  
 Died at

Date 1903 2 23 Age 52. - 9 Month Day Y. M. D. Native of Md Occupation Laborer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 4

Husband of Berilee. Gorder  
 Wife

Father's Name William Nokes Mother's Maiden Name Jane. Darnie

Cause of Death { Primary Atrophy of Kidneys How long sick 2 yrs  
 Immediate Induration Accident, Suicide, Homicide

Reported by J. J. Yount. M D  
 Address Brownsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Alfred Nathaniel Oden

Died at *Chewsville* <sup>Town</sup>*Washington* <sup>County</sup>

MARYLAND

Date  
of death 1903Month  
2Day  
5

Age

Years  
67Months  
7Days  
12

Sex

*Male*Color or  
Race*White*Birth-  
place*Montgomery Co. Md.*Married, Single  
or Widowed*Married*

Occupation

*Farmer (retired)*Name of Wife or  
Husband*Elizabeth M. Richardson*Father's  
Name*Alfred Oden*Father's  
Birthplace*Montgomery Co.*Mother's  
Maiden Name*Rachel Stewart*Mother's  
BirthplaceName of person giving  
Information*Eugene Oden*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*3 years*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*John M. Stick**Smithsburg, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Martha Ellen Ransay.

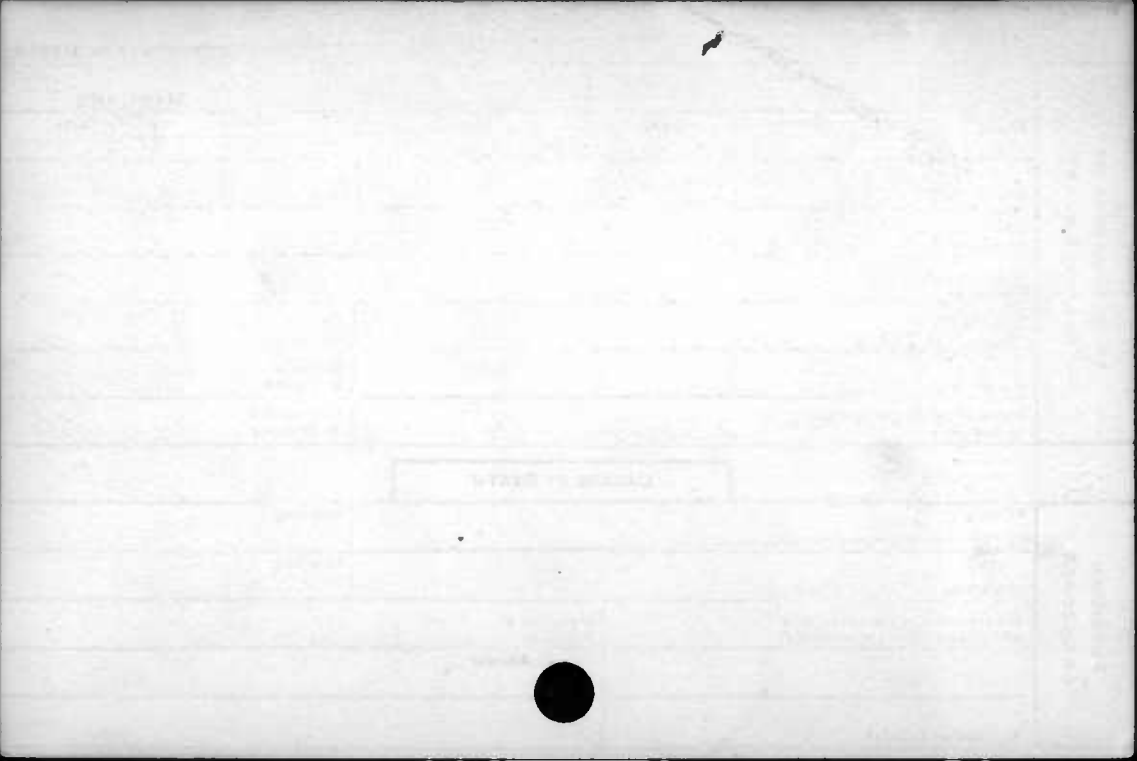
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gapland</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i> <sup>Month</sup>	<i>Feb.</i> <sup>Day</sup>	<i>30<sup>th</sup></i> <sup>Years</sup>	Age <i>66</i>	Months <i>4</i>	Days <i>18</i>
Sex <i>Female.</i>		Color or Race <i>Black.</i>		Birth-place <i>Washington Co Ind.</i>	
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife.</i>			
Name of Wife or Husband <i>Thomas Ransay (deceased.)</i>					
Father's Name <i>James H. Trans.</i>			Father's Birthplace <i>Frank Co. Ind.</i>		
Mother's Maiden Name <i>Lydia Rollins.</i>			Mother's Birthplace <i>Washita Co Ind.</i>		
Name of person giving information <i>Clarence Linker</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH *79*PHYSICIAN  
OR CORONER

Primary	<i>Fatty Degeneration of Heart.</i>	How long	<i>Several years duration.</i>
Immediate	<i>Paralysis of Heart.</i>	How long	<i>Found dead.</i>
Are the name, age, sex, color date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>C. N. Schietneck</i>	
		Address <i>Burkittsville, Ind.</i>	
Accident or Suicide?			





Name in Full

Certificate of Death

Sarah Elizabeth Redman

124

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

July - 7

Age

49 7

Male

White

Married

WidowDivorced

Female

Colored

SingleWidower

Number of children living

3

~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

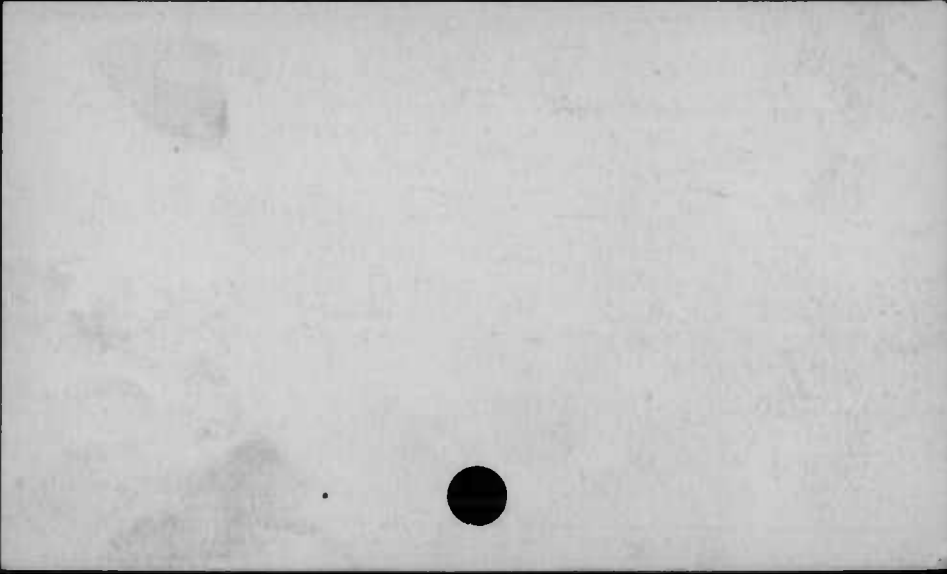
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Smithsburg		Washington		MARYLAND	
Date of death 1903		February		18 <sup>th</sup>		Age 48 years	
Sex Male		Color or Race White		Birth-place Smithsburg			
Married, Single or Widowed Married		Occupation Physician					
Name of Wife or Husband Fanny M.							
Father's Name William A.		Father's Birthplace					
Mother's Maiden Name Colliflower		Mother's Birthplace Washington County					
Name of person giving information B. F. Goring		How related to deceased Not related					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cerebral tumor 74		How long One month	
Immediate Coma		How long 12 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. Tracy Bishop	
		Address Smithsburg Maryland	
Accident or Suicide?			





11

11



# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown

County Washington

## MARYLAND

Date	Month	Day
of death 1903	Feb	26

Age 19 Years 23

Months

Days

Sex *male*

Color or Race *white*

Birth-  
place Md.

Married, Single  
or Widowed *married*

Occupation Telephone Lineman

Name of Wife or Husband

Father's Name James Rogersou

Father's Birthplace *England*

Mother's  
Maiden Name Maud Lucas

Mother's Birthplace Indiana

Name of person giving information Mrs. Maud Smith

How related to deceased mother.

### CAUSES OF DEATH

Primary *Accident* 1/26

How long

Immediate

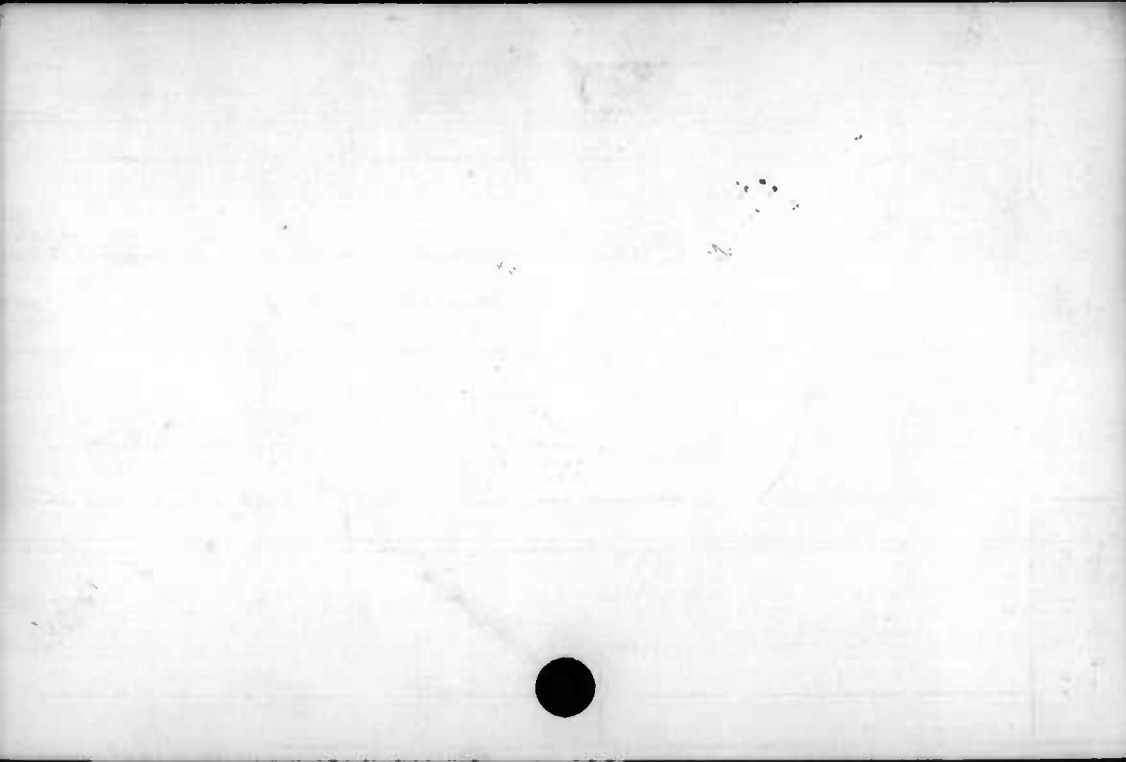
How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician *Blair M. Anderson*

Address

## Accident or Suicide?





Name In Full

Certificate of Death

Rena E. Rohrer. (Twins)

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 19

03

Feb.

24

Age

Y.

M.

D.

Native of

Occupation

1

Md.

Male

White

~~Married~~

Widow

Divorced

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

H. H. Den-M.D.

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

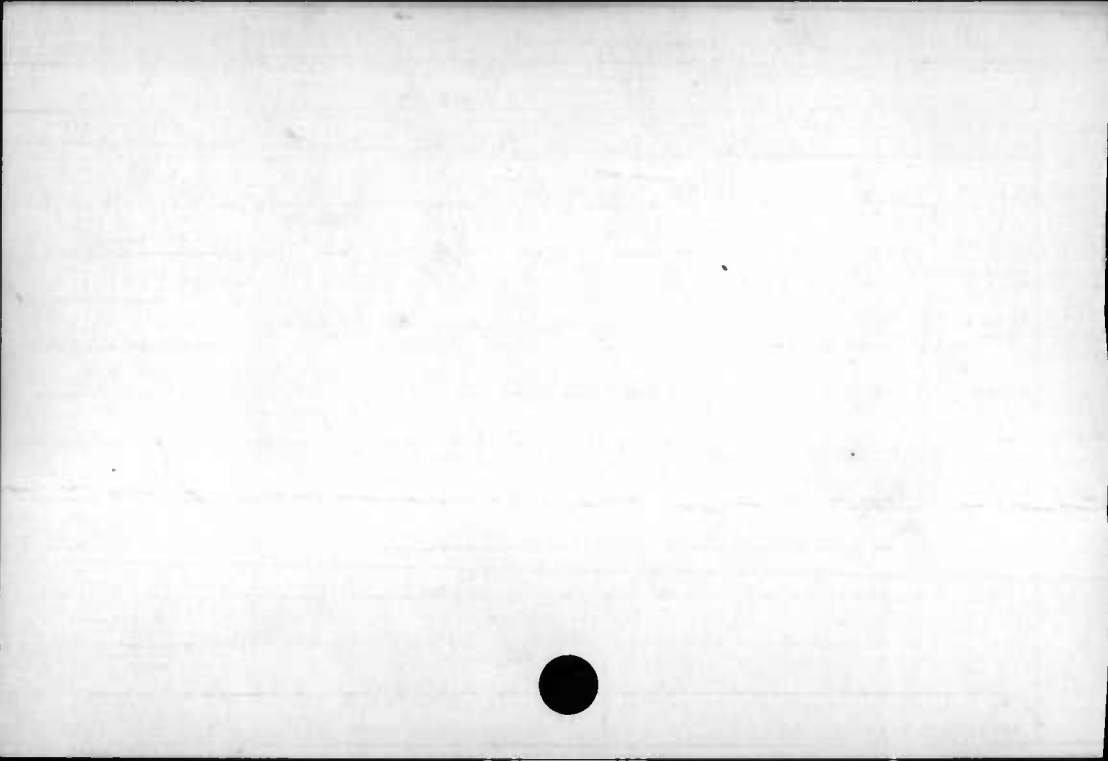
TO BE ANSWERED BY  
NEAREST FRIEND

Name at <i>Green Spring</i> <sup>Town</sup>		<i>Wash,</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>23</i> <sup>Month</sup>	<i>Feb</i> <sup>Day</sup>	Age <i>69</i> <sup>Years</sup>	<i>Sept</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind, Wash, Co</i>		
Married, <del>Single</del> <i>or Widowed</i>			Occupation <i>Farmer</i>		
Name of Wife or <del>Husband</del> <i>Ann Mary Miller</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Rebecca Jenkins</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Roney</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>Six mo,</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address <i>Frank Bros, Undertakers</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

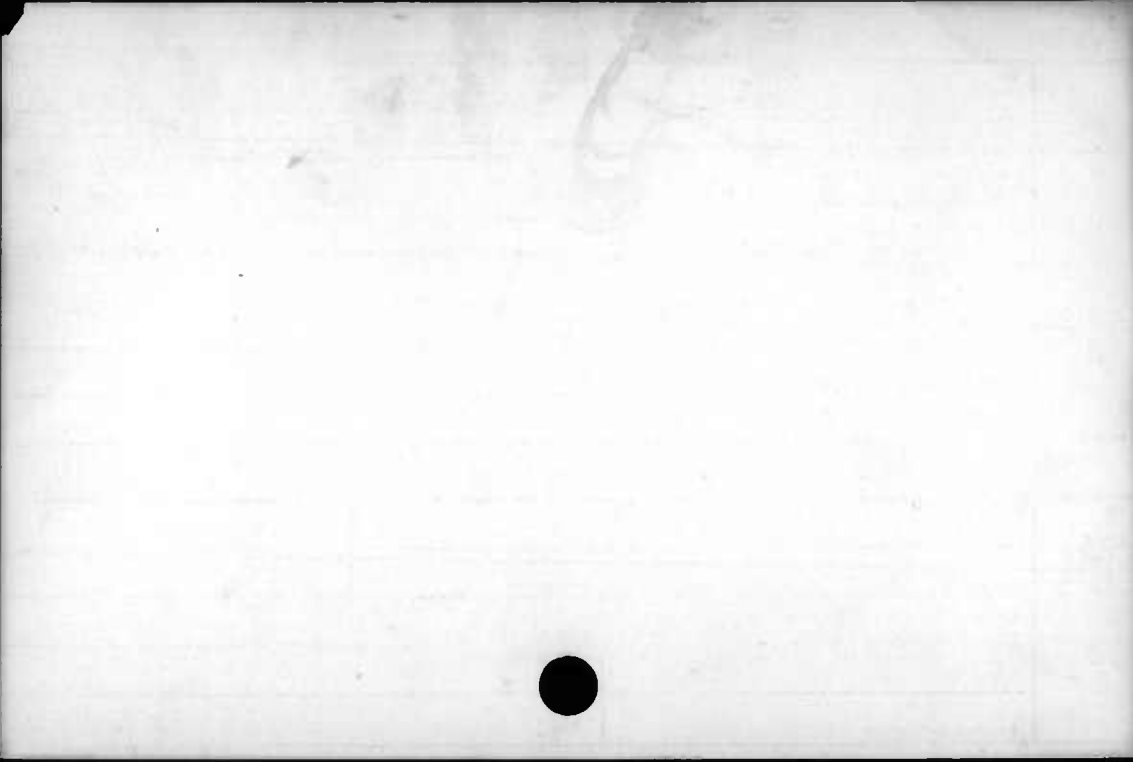
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>Feb.</i> <small>Day</small>	<i>21</i>	Age <i>88</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>single</i>	Occupation <i>Teacher</i>				
Name of Wife or Husband					
Father's Name <i>Samuel J. Rouskulp</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Sarah Miller</i>	Mother's Birthplace <i>Penn.</i>				
Name of person giving information <i>Rebecca Rouskulp</i>	How related to deceased <i>sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Heart Disease</i> <i>79</i>	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. P. Scott M.D.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Emanuel B. Samuels

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Halfway

Town

Washington

County

MARYLAND

Date

of death 1903

Month

2

Day

3

Age

Years

59

Months

5

Days

20

Sex

Male

Color or  
Race

White

Birth-  
place

Na

Occupation

Huckster

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widower

Name of Wife or  
HusbandFather's  
Name

Jas B. Samuels

Father's  
Birthplace

Na

Mother's  
Maiden Name

Margaret Crandorff

Mother's  
Birthplace

Na

Name of person giving  
information

Frank Samuels

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

Don't know

Immediate

Gangrene

How long

About 6 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

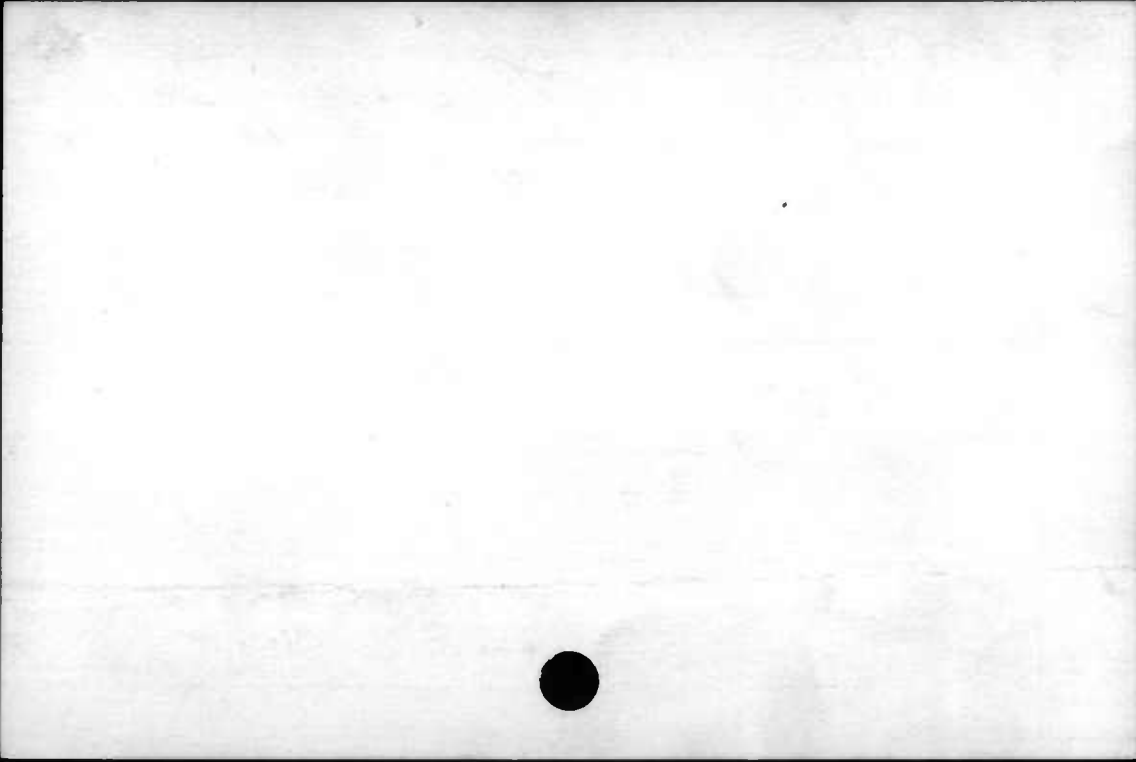
Signature of  
Physician

J. M. Wertz

Address

Williamsport  
Maryland.

Accident or Suicide?





Name  
in  
Full

Mrs. Figgie Sites

## CERTIFICATE OF DEATH

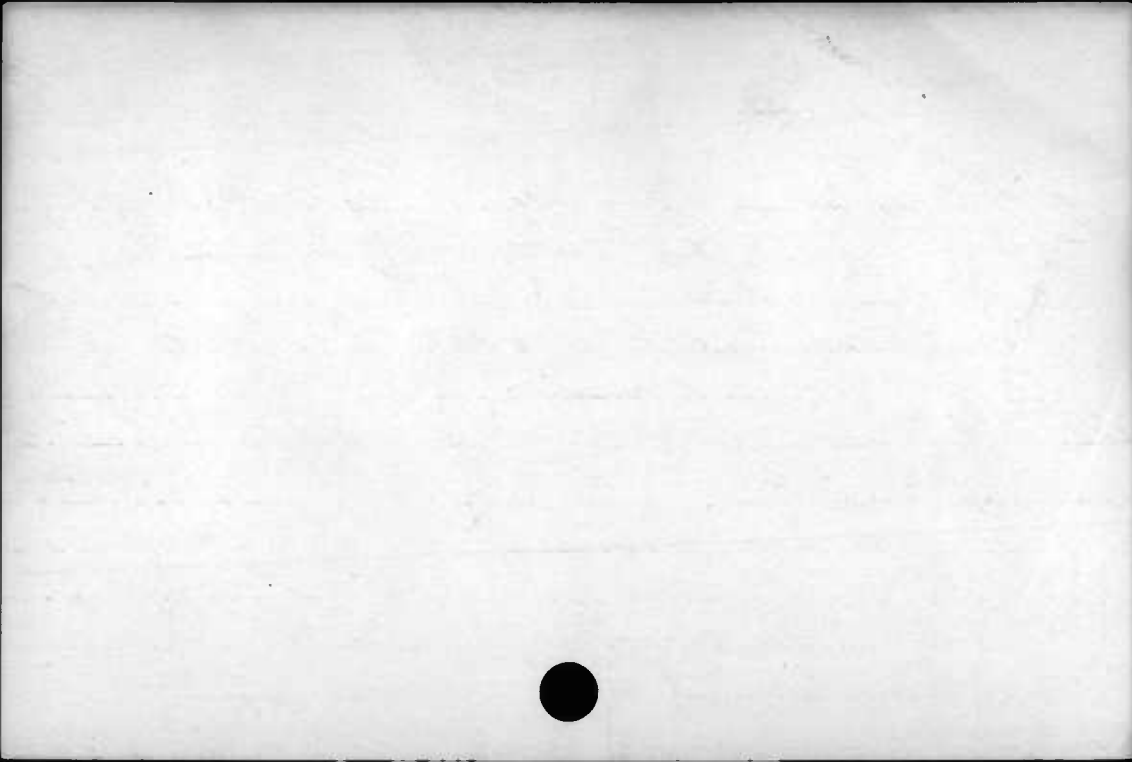
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb.</i>	Day <i>16</i>	Age Years <i>23</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>H. W.</i>				
Name of Husband <i>William E. Sites</i>					
Father's Name <i>Oscar Bellman Sr.</i>			Father's Birthplace <i>D. C.</i>		
Mother's Maiden Name <i>Laura Trayer</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Wm. E. Sites</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Peritonitis</i>	How long <i>2 days.</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Richard D. Miller, Jr.</i>
	Address <i>Haymarket, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Porter Boothe Spurrow

123

Died at *Charlton*

Town

*Washington*

County

MARYLAND

Date 1903 *Feb 4*

Month

Day

Y.

M.

D.

Name

Occupation

Age

29

2

10

*Ind**Farmer*

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children living *2*Husband  
of*Sarah B. Peters*Father's  
Name *W. C. B. Spurrow*

Mother's

Name *Julia A. Spurrow*Cause of { Primary *Tuberculosis of Lungs & Spleen*

How long sick

*6 months*Death { Immediate *Exhaustion*~~Accident, Suicide, Homicide~~Reported by *Dr. J. P. Perry*Address *Clearspring Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, GEORGE

Collar  $1\frac{5}{4}\frac{1}{2}$

Name  
in  
Full

Pauline Storm

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Boonsboro		Washington		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1903	Feb	24	14	11			
Sex	Female		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed			Single		Occupation		
Name of Wife or Husband							
Father's Name			Frank Storm		Father's Birthplace		
					Md		
Mother's Maiden Name			Kate Faulkner		Mother's Birthplace		
					Md		
Name of person giving information			Frank Storm		How related to deceased		
					Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis 27		How long	13 months
Immediate	Chronic Prostration & Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Boonsboro - Wash. Co., Md.	
Accident or Suicide?				



*Mr Lester Swartz*

Died at *Hagerstown* Town *Washington* County MARYLAND

Date 189 *1903* Month *Feb* Day *23* Age *23* Y. M. D. Native of *md* Occupation *Child*  
 Male White Married Widower Divorced  
 Female Colored Single Number of children living

Husband of  
Wife

Father's Name *Walter C. Swartz*

Mother's Name *Ella M. Swartz*

Cause of Death { Primary *Spasms*  
Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

*J. R. Spindeman*  
*Hagerstown*

*Funeral Director*

*md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Helen Waretta Tanner.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1903 <sup>Month</sup> Feb <sup>Day</sup> 27 Age <sup>Years</sup> 3 <sup>Months</sup> 10 <sup>Days</sup> 2

Sex female Color or Race white Birth-place Md.

Married, Single or Widowed single Occupation child.

Name of Wife or Husband \_\_\_\_\_

Father's Name Thomas H. Tanner Father's Birthplace Va.

Mother's Maiden Name Helen V. Cashman Mother's Birthplace W. Va.

Name of person giving information T. H. Tanner How related to deceased father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Lobar Pneumonia 93 How long

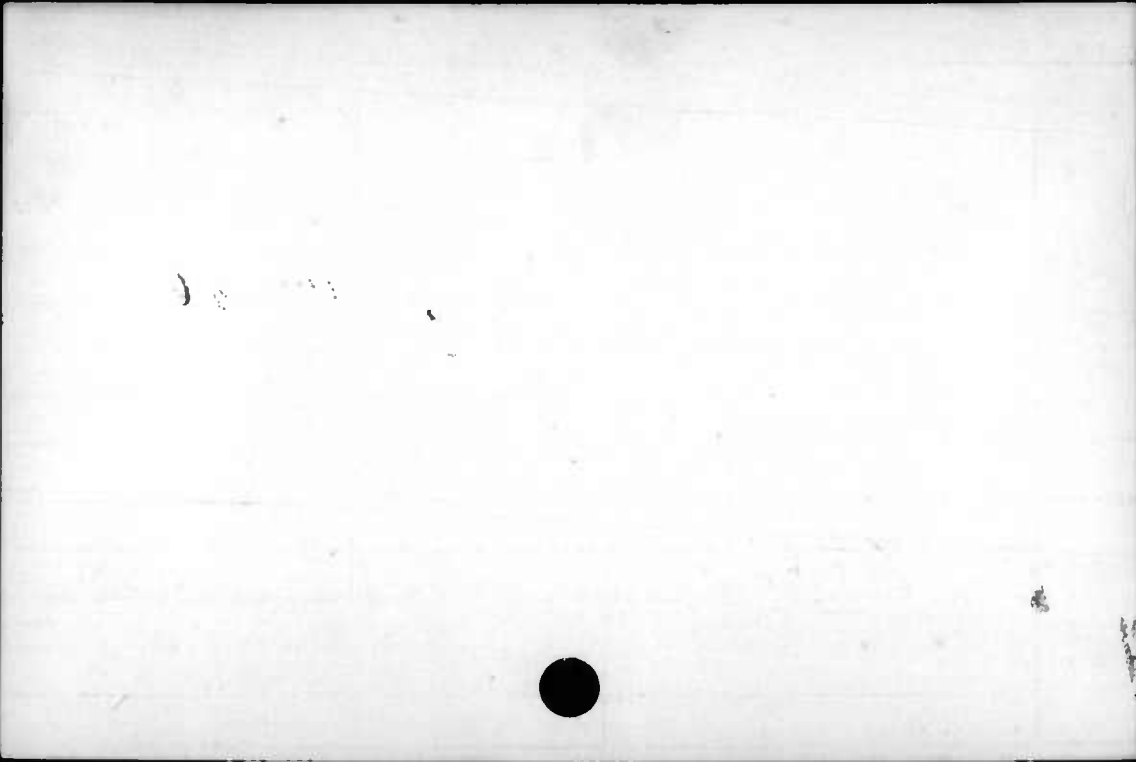
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? YES

Signature of Physician Victor D. Miller Jr.

Address Hagerstown, Md.

Accident or Suicide?



Name  
in  
Full

M. D. Taylor No 126

## CERTIFICATE OF DEATH

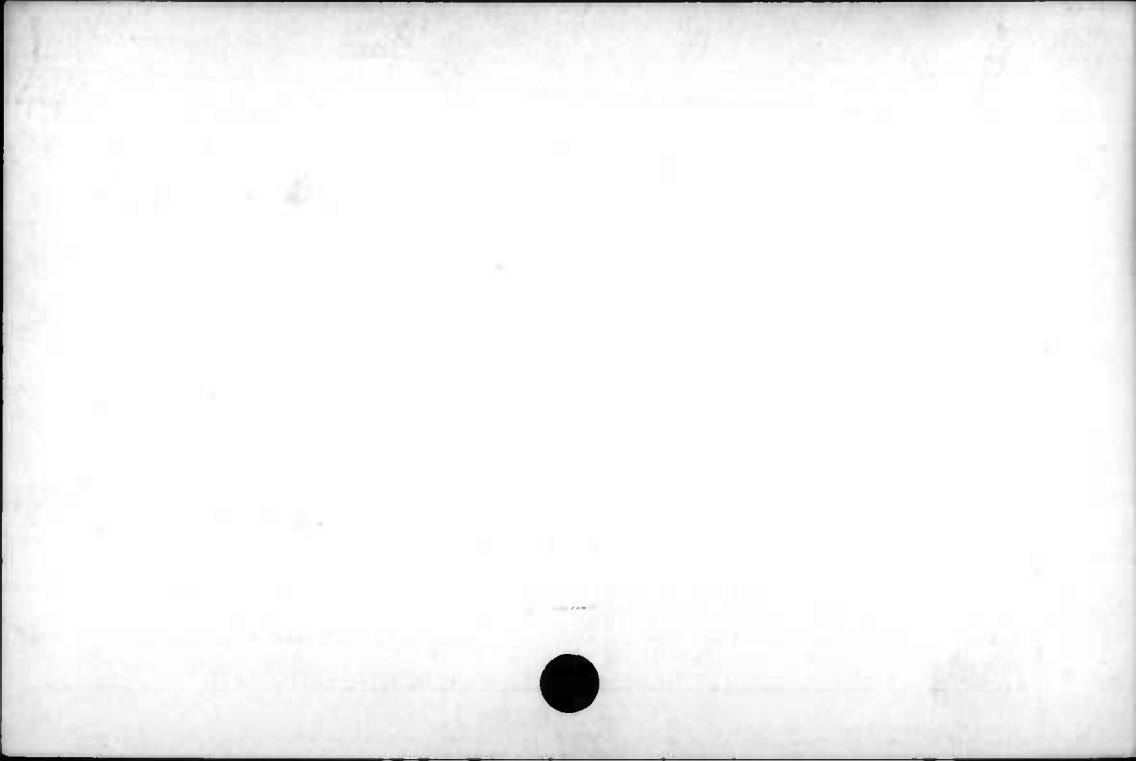
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Feb		21	76	10	16		
Sex	Male	Color or Race	White	Birth-place	Page Co., Va.		
Married, Single or Widowed	Widower		Occupation	Shoemaker			
Name of Wife or Husband	Do not know (deceased)						
Father's Name	Do not know				Father's Birthplace	✓	
Mother's Maiden Name	Susan Taylor				Mother's Birthplace	✓	
Name of person giving information	Mrs. Obitts.				How related to deceased	Cousin.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos. Boose
		Address	Williamsport, Md.
Accident or Suicide?	✓		



Name in Full

Certificate of Death

Name in Full *Lucinda Turner*  
 Died at *Mercton* Town *Washington* County *MARYLAND*  
 Date 19*03* Month *2* Day *19* Age *67* Y. M. D. Native of *Md* Occupation *Housewife*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *6*  
 Husband of *Simon Turner*  
 Wife *Simon Turner*  
 Father's Name *Arthur. Lundy* Mother's Maiden Name *Grace Tucker*  
 Cause of Death { Primary *Tuberculosis* Immediate *Pulmonary Hemorrhage* How long sick *3 yrs* Accident, Suicide, Homicide ☒  
 Reported by *J. T. Yountie, M.D.*  
 Address *Brownsville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

128

Not named.

Town

County

Died at

Bedington

Berkeley

W. Va

MARYLAND

Date 19

03

Feb.

Day

26

Age

2 1/2 hours

Native of

Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

John Watson

Mother's

Maiden Name

Bessie Gregory

Cause of

Primary

Premature birth - 151

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. J. Lemaster M.D.

Address

Bedington

W. Va

FILED  
128

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Nancy L. Willson*Died at *Smithsburg* <sup>Town</sup>County *Much*

MARYLAND

Date  
of death 1903Month *Feb*Day *13*Age *67* <sup>Years</sup>

Months

Days *7*Sex *Female*Color or Race *white*Birth-place *Mapleville, Md.*Married, Single  
or WidowedOccupation *Housewife*Name of Wife or  
HusbandFather's Name *Emanuel Yittow*

Father's Birthplace

Mother's Maiden Name *Sarah Yittow*

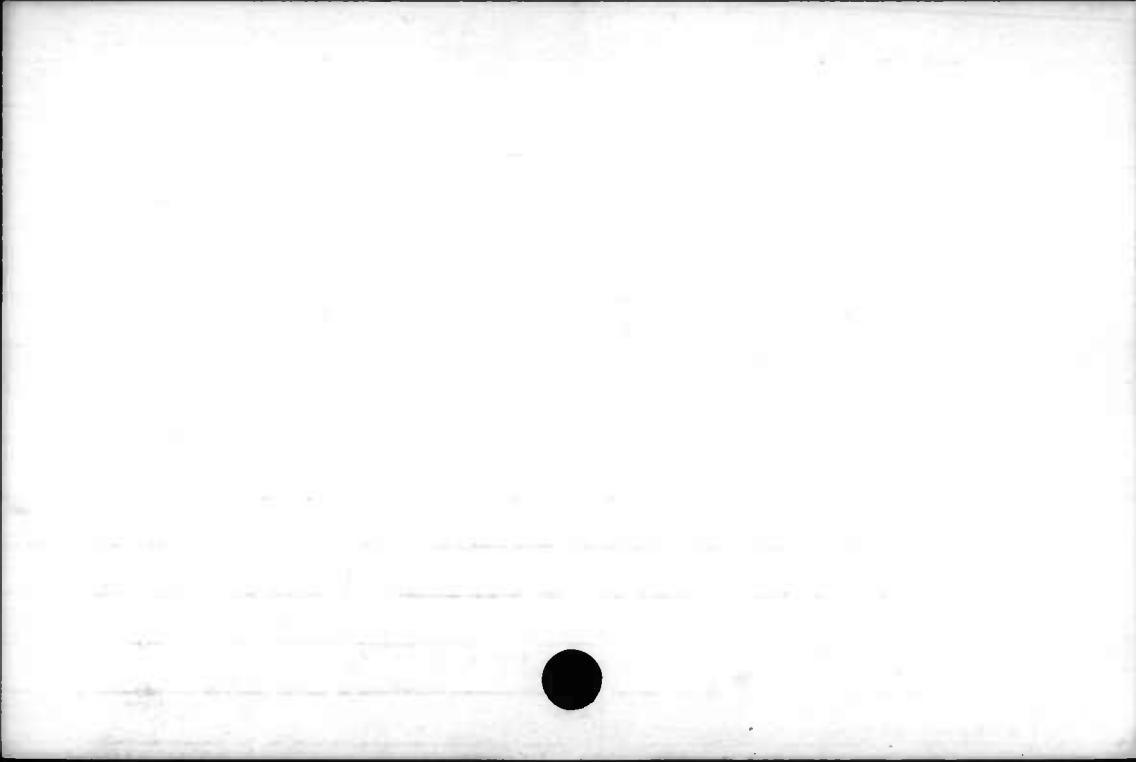
Mother's Birthplace

Name of person giving  
in formation *William Lunn*How related  
to deceased *Nephew*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Old Age* *154*How long *5 years*Immediate *General Debility*How long *10 Days*Are the name, age, sex, color, date  
and place correctly given above?Signature of Physician *J. J. Lannon*Address *Smithsburg Md*

Accident or Suicide?



Name  
in  
Full

Nancy Adaline Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pa. Betts Addition</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND		
Date of death 1903	<u>Feb</u> <sup>Month</sup>	<u>27</u> <sup>Day</sup>	<u>Friday</u>	Age <u>70</u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u>26</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Hohenlo Tenn</u>			
Married, Single or Widowed <u>Married</u>			Occupation <u>House wife</u>			
Name of Wife or Husband <u>Andrew</u>			<u>Young</u>			
Father's Name <u></u>			Father's Birthplace <u></u>			
Mother's Maiden Name <u></u>			Mother's Birthplace <u></u>			
Name of person giving information <u>John. Billman</u>			How related to deceased <u></u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Broncho-Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Valvular Heart-Disease</u>	How long <u>a long-time</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>L. M. Zimmerman</u>
	Address <u>Hagerstown Md</u>
Accident or Suicide?	

